



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

### Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

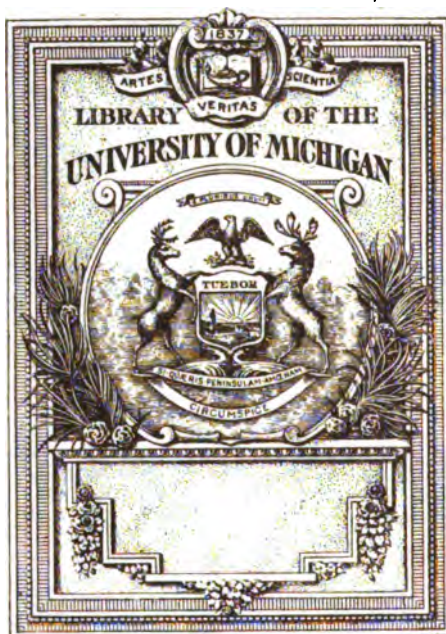
We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

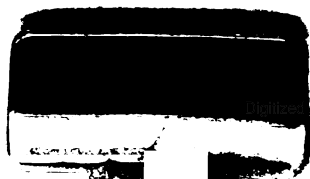
### About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

B 49689 2



THE GIFT OF  
New Jersey St. Hospital



616.85

N53

M87









N 3  
M 87

UNIV. OF MICH.  
JUL 23 1907

N 5

TWENTY-SECOND ANNUAL REPORT  
OF THE  
MANAGERS AND OFFICERS  
OF  
The New Jersey State Hospital at Morris Plains  
FOR THE  
*Year Ending October 31st,*  
1897.

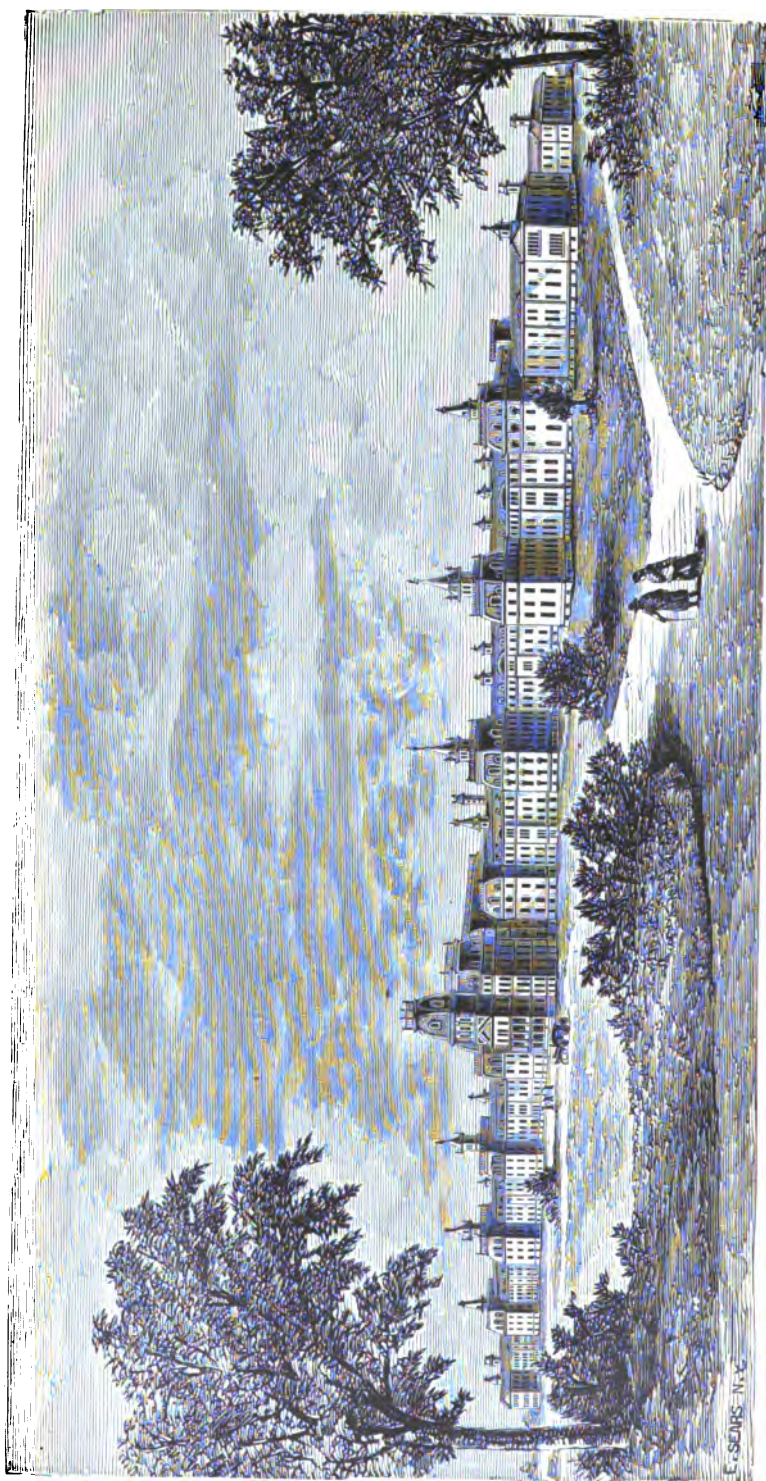
---

TRENTON, N. J.:  
THE J. L. MURPHY PUB. CO., PRINTERS.  
1897.

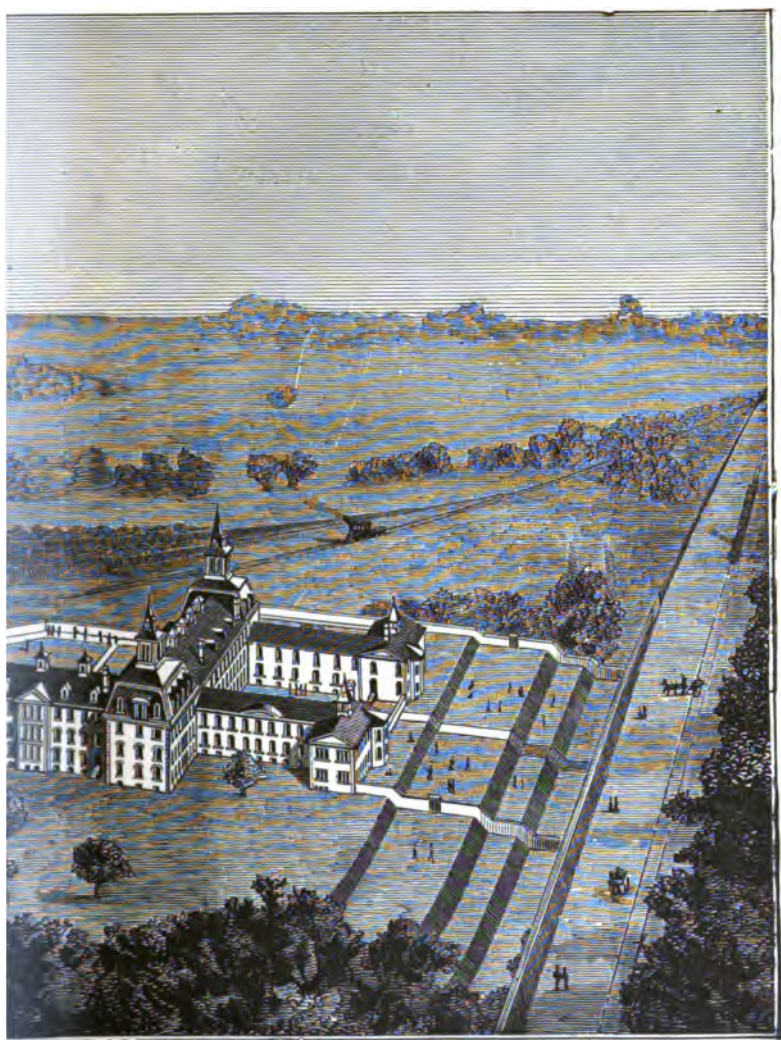




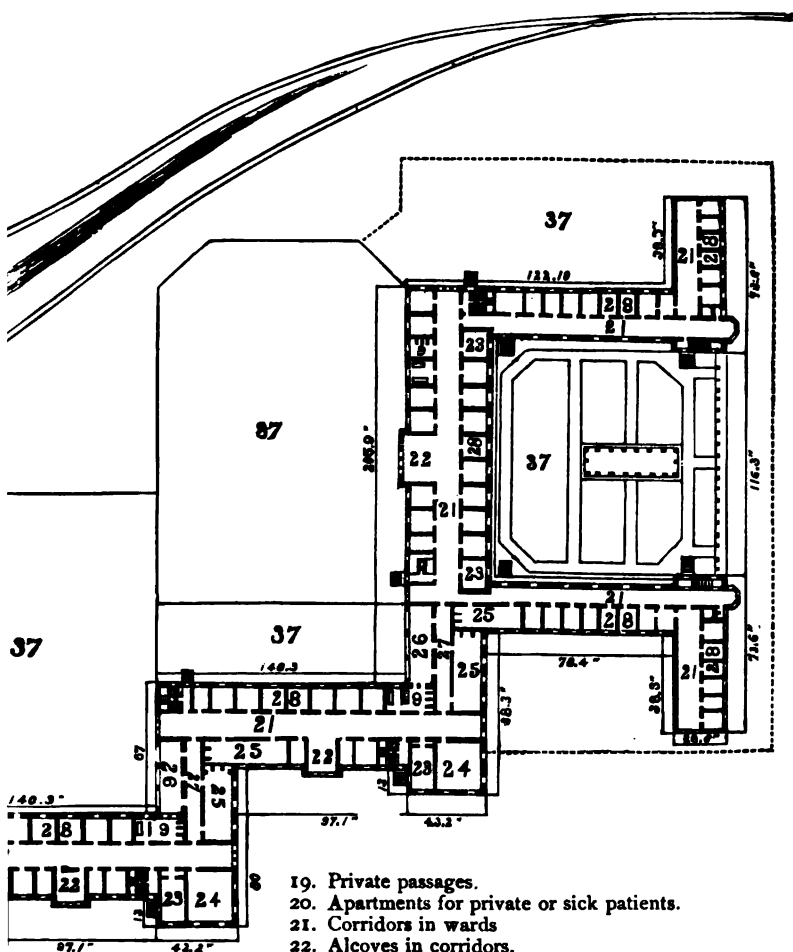




NEW JERSEY STATE HOSPITAL  
AT MORRIS PLAZA, N. J.







19. Private passages.
20. Apartments for private or sick patients.
21. Corridors in wards
22. Alcoves in corridors.
23. Attendants' room.
24. Ward parlors.
25. Ward dining-rooms.
26. Inclosed galleries for exercise.
27. Connecting passage.
28. Dormitories for patients.
29. Bake-house.
30. Boiler-house.
31. Machine and work-shop.
32. Laundry.
33. Coal vault.
34. Underground passage.
35. Cold-air ducts.
36. Fan-rooms.
37. Exercise yard for patients.
38. Railroad to coal vaults.
- 38x. Railroad for general supplies.
39. Terrace.



# TWENTY-SECOND ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF



The New Jersey State Hospital at Morris Plains

FOR THE

*Year Ending October 31st,*

1897.



TRENTON, N. J.:  
THE J. L. MURPHY PUB. CO., PRINTERS.

1897.



94

## MANAGERS.

---

### PRESIDENT.

GEORGE RICHARDS, . . . . . Dover.

### VICE PRESIDENT.

PATRICK FARRELLY, . . . . . Morristown.

JAMES M. BUCKLEY, . . . . . Morristown.

ROMEO F. CHABERT, M.D., . . . . . Hoboken.

JOHN C. EISELE, . . . . . Newark.

JOHN A. McBRIDE, . . . . . Deckertown.

DAVID ST. JOHN, M.D., . . . . . Hackensack.

JAMES W. SMITH, M.D., . . . . . Paterson.



## RESIDENT OFFICERS.

---

### MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D., . . .	Medical Director.
ELIOT GORTON, M.D., . . .	Assistant Physician.
THOMAS P. PROUT, M.D., . . .	{ Second Assistant Physician and Pathologist.
PETER S. MALLON, M.D., . . .	Third Assistant Physician.
M. L. PERRY, M.D., . . .	Fourth Assistant Physician.

---

### BUSINESS DEPARTMENT.

MOSES K. EVERITT, . . . . .	Warden.
GUIDO C. HINCHMAN, . . . . .	Treasurer.



# REPORT OF THE BOARD OF MANAGERS OF THE NEW JERSEY STATE HOSPITAL AT MORRIS PLAINS.

---

*To His Excellency John W. Griggs, Governor of New Jersey :*

In harmony with the provisions of an act passed by the Legislature and approved by Your Excellency, May, 1897, so soon as the three additional managers, James W. Smith, M.D., of Passaic county; David St. John, M.D., of Bergen county, and Hon. John A. McBride, of Sussex county, were appointed by Your Excellency, the Board of Managers, thus completed, assembled on June 3d, 1897, and organized by the election of George Richards as President, and Patrick Farrelly as Vice President; Charles H. Green was re-elected Secretary of the Board, and Guido C. Hinchman was re-elected Treasurer.

The regular meetings of the Board, required by the law, have been held and the visitations made. If the interests of the State have not been faithfully looked after in any particular it is not chargeable to inattention on the part of the Managers, whose interest in the State and in the most unfortunate class of its population is the sole motive, rendering them willing to accept the performance of an onerous task, the pecuniarily uncompensated character of which does not relieve it either from great responsibility or the liability of adverse criticism.

The elaborate reports of the Medical Director and the Warden, herewith submitted, are supposed to furnish all the facts necessary to a full understanding and proper estimate of the work attempted and accomplished by this institution. The Warden's report shows that the Hospital has been fitted with a system of telephone communication which, as a means of security against fire and the speedy summoning of medical and other aid, has worked admirably.

The old pianos purchased in the early days of the house and worn out in the entertainment of the patients, have been replaced by new



ones, and their effect upon the cheerfulness of the wards is so marked as almost to rival the influence of David's harp upon Saul's evil spirit.

Within the last two years over two thousand feet of stone walk have been laid to give a dry walk at all times of the year, thus furnishing the patients opportunity for exercise when it cannot be taken elsewhere out of doors.

In September, 1896, the dairy barns and sheds were destroyed by fire. New edifices have been completed during the past year. Great success has attended the methods employed for keeping the dairy up to a high standard. Only such cows are used as are large and young, and when it is no longer profitable to use them for milk they are well fed and are in good condition for slaughtering, the meat being used for the house. By this means evidence is constantly furnished of the freedom of the animals from tuberculosis and other diseases, not an instance among the cattle slaughtered having been found during the past four years.

On a representation to the Legislature of 1895, concurred in by every member of the Board, which at that time had charge of both Hospitals—they being present in a body before a committee to present the needs of the institution—an appropriation was made for the erection of a new building sufficiently large to accommodate six hundred patients selected from among those generally considered incurable, and to furnish places for necessary adjuncts to a large institution, for which, owing to the crowded condition of the existing buildings, there is no room. Further appropriations have been made but they now seem insufficient for the completion of the building.

In the meantime there has been a steady increase in the number of the patients. On the 31st of October, 1895, there were in the Hospital 1,116 patients, showing an increase of 66 patients over the preceding year, the largest increase, with one exception, up to that time in the history of the Hospital, not including the transfer of a large number of patients to it from another institution. During the succeeding year 85 patients were transferred to the Hudson County Asylum, showing on October 31st, 1896, in the institution 1,088 patients, which reveals the fact that there would have been an increase of 57 patients if the 85 had not been transferred. But during the past year there has been an increase of 89 patients, and on October 31st

the whole number of patients was 1,177, or 61 more than there were before the removal of the 85 patients above mentioned.

This statement, however, does not fully measure the pressure upon the institution, for had the year ended upon September 25th, the census would then have shown 1,189, but during the following month of October an unusually large number was discharged as a natural result of the excellent health of the patients during the preceding spring and summer months.

When it is considered that the Hospital was built to accommodate only 800, and that this increase is constant, the exterior magnificence of these buildings, and the spectacle of a great unfinished structure is not honorable to the State. In his graphic description of the situation the Medical Director states only plain facts, and by no means all of them. Patients are necessarily herded in dormitories and sleeping-rooms, regardless of hygiene. A hospital for the insane is unworthy its name unless it admits of the scientific classification and treatment of patients. Though everything possible is done for the patients that can be done under the circumstances, in comparison with what might be done if the unfinished building were ready for use, the institution as it now is, is but little more than a place for the safe custody of the patients. The violent and the vicious cannot be separated from those afflicted with a milder form of mental trouble. It is an outrage that dangerous patients should be placed with innocent and inoffensive ones.

The danger is so great that the Board of Managers and the officers of the Hospital are in constant fear that a homicide will be committed. Fortunately this has not occurred during the past year, but the unavoidable crowding has resulted in numerous bruises, and on more than one occasion in the breaking of bones.

Another cause of constant apprehension is the possibility of fire. The wards, the dormitories and the rooms are crowded and the halls filled with low cots, which, in case of fire, would act as stumbling-blocks and barriers to rapid egress. From a sanitary point of view these cots are an abomination.

In presenting to Your Excellency these facts we are aware of the liability of being misunderstood and of seeming to furnish ground for an estimate that the Hospital is not a proper place in which to entrust patients. This is far from the fact. The evils that we describe are real. The condition is similar to that of a private residence with six

rooms, capable of accommodating only twelve persons, with kitchen and other arrangements upon a small scale, yet permanently occupied by twenty, several of them being ill, requiring trained nurses and greater force in the kitchen. The rooms naturally occupied by servants and nurses would be filled by the extra guests.

By superhuman attention and a constant strain the patients might recover their health, but there would be a delay and a constant danger of accident, and the average results could not be what they would be if the number which the house was built to accommodate, and that only, were beneath its roof. Multiply this situation by the number of patients in this institution and add the fact that they are all insane, and many of them violently so, besides being liable to ordinary physical diseases, and, without concluding that the place as a whole is pernicious in its influences, it is necessary to conclude that it must fall much below what the State and the friends of the patients have a right to expect.

The invasion of an infectious or contagious disease under such circumstances would take on the proportions of a genuine pestilence on account of its being impossible to establish a satisfactory and effective isolation. During the past year the Hospital has escaped serious difficulty, though two male attendants had a mild form of measles, and two female patients were attacked with what seemed to be pronounced symptoms of typhoid, and a child in the family of the upholsterer was attacked with scarlet fever.

If the new building were completed the possibility of isolation in certain parts of the main building or of the new in case of an epidemic would give ground for the hope of being able to grapple with such an invasion.

Two classes of patients that ought not to be there account in considerable measure for the pressure. At the close of the last Hospital year there were 82 epileptics in the Hospital. The year covered by this report closes with 92. "Practically no hope," says the Medical Director, "can be offered for the treatment of epileptics in a hospital for the insane." Once placed there, there they will remain until removed by death. The outlook for them there is progressive mental deterioration. Their presence puts in peril the interests of the convalescent insane and the epileptics themselves. It is impossible to classify them by themselves, and if it were possible it would be an outrage upon the more sane of the epileptics.

The other class consists of criminals and convicts. The convicts consist of those who were living a criminal life, who were not insane when they committed the deeds which secured their incarceration, but who are said to have become so while in the State Prison. These are transferred from the State Prison to the State Hospitals, and thus the innocent unfortunate victims of insanity are compelled to associate with abandoned criminals who bring to the institution all their original instincts and accumulated experience. In a crowded institution they have ample opportunity to make trouble. During the past year necessity has compelled the construction of three strong rooms for the most turbulent and troublesome male convicts. But as it is impossible to put more than one of these in a room, only three can be taken care of. The Medical Director has applied for the construction of several more and demonstrated the necessity for them; but to construct a sufficient number of rooms to prevent this class of patients from escaping would be to give a large part of the house the appearance of a prison, and even then the other patients would not be protected from the contaminating influence of associating with them.

Other States have found it necessary to build institutions for the convict insane. The erection of such an one at Trenton would relieve the pressure on both the State Prison and the State Hospitals, and if it were thought best to place it on the grounds of the State Hospital at Trenton, it could be erected and managed at a very limited expense.

The Managers earnestly hope, in view of the crowded condition of this institution, that an appropriation will be made sufficient to complete the building at once. In view of the size and the purpose for which it is designed, its proposed cost is not large, and when finished it will be devoted to the class in whom degeneration has progressed so far that little hope for improvement is to be expected.

The death-rate in the institution is now very low, and while some utilitarians are disposed to take the ground that in incurable cases it is a misfortune that their lives should be systematically prolonged, it is a sufficient answer to this conclusion that no one can be positively certain in any particular case, except in extreme age or physical disease, that there will not be a recovery; and that which keeps the death-rate low in an institution is a condition of cure for those who are susceptible of it. Before the enlightened methods of treatment

which now prevail were introduced, a cure was not expected, and such were the conditions that many curable cases were made hopeless within the first six weeks after they were thrust into the dark dungeons, where they were left like beasts to wallow in their own filth, or bound with ropes and chains to shriek through the long night in rage or fury.

During the past year the recoveries among those admitted have been 25 per cent. Of the 294, 248 were admitted after the first attack, 32 after the second, and 10 after the third. From the foundation of this Hospital to the close of the present year 4,916 patients have been treated. Some hundreds of these were incurables, brought to the Hospital from other institutions when this was first opened. During that time 1,043 have been discharged restored to reason. To these should be added 916 improved. But little more than one-third of the whole number have died in the institution. The incurable cases accumulate. The common method of computing the proportion of cures upon the proportion of inmates, therefore, misleads the public. In ordinary general hospitals incurables are discharged as soon as that fact is put beyond question. The average stay of patients is but three weeks in general hospitals. In hospitals for the insane, after recovery has taken place, an additional detention is requisite to prepare the patient for the attrition of the outside world. A too early removal by anxious friends often causes relapses.

The present law regulating the commitment of persons to institutions for the insane is so lax in its provisions that it affords opportunity for serious abuse and is, therefore, not a sufficient safeguard to individual liberty. We are strongly impressed with the importance of the changes suggested to Your Excellency in the last report, and which Your Excellency recommended to the consideration of the Legislature, but upon which no action was taken by that body.

We beg to reiterate our recommendations relative to this law.

The law with respect to the examination and licensing of private asylums is complied with. The number within the jurisdiction of this Board is four, situated respectively in Paterson, Morristown, Plainfield and Newark.

## COUNTY ASYLUMS.

*Essex County Asylum.*

This institution is situated in Newark, N. J., on South Orange avenue, and is in charge of L. T. Hinckley, M.D., with a staff of three medical assistants. It contains 732 patients, of whom 297 are male and 435 female. It is well arranged and in all respects will compare favorably with any in the country. When the new buildings in process of construction are completed the inconvenience resulting from the present overcrowded condition will disappear and ample opportunity for labor service and outdoor amusements will be afforded. The Training School for Nurses has enabled the institution to supply itself with competent attendants for both night and day service. The number of attendants at the time of our visit was 37 male and 33 female in day service, and 3 male and 3 female attendants at night. Everything possible for the care and cure of the inmates is being done. The fact that the Freeholders give the Medical Director power to discharge incompetent help contributes greatly to the maintenance of the excellent condition here found.

*Hudson County Asylum.*

This institution contains 496 patients, 213 white males, 282 white and 1 colored females. George W. King, M.D., is Resident Physician, and in charge of all the departments. There are 12 male and 12 female day attendants and 4 male and 4 female night attendants. No amusements are afforded the patients, except such as is occasionally given when some of the patients play the violin while others dance. There is no assistant physician, so that when Dr. King is occasionally absent there is no one to take his place; he has no authority to hire or discharge attendants, which, he informs us, makes it impossible for him to have at all times competent nurses. The building is well adapted to the purposes for which it was built. But we record our judgment that no county institution should receive State aid unless it be provided with more than one resident physician, be properly equipped with a drug-room and all needful appliances for the relief of the patients. This institution is not so equipped. Moreover its close proximity to the county almshouse and prison will render it impossi-



ble to give the inmates the necessary labor and exercise without bringing them into contact with the inmates of the almshouse, among which there are many children, some of whom have been born and raised there. While it is not within our province to criticise the management of the county poor, we can but deplore the conditions which exist here, brought to our notice by the fact that the almshouse immediately joins the grounds of the asylum for the insane.

*Passaic County.*

The place in which the unfortunate insane of this county are kept is not worthy of being classed either as a hospital, an asylum or an institution for the insane. It is simply a county poorhouse, in which there are many children, and all sane and insane are allowed to commingle freely except at night. It has no Resident Physician and is in no respect equipped for the custody or treatment of the mentally deranged.

The Warden appears to be doing his best; but he has no skilled help, and but little of any other kind. When he is absent, his wife, who is Matron, is in charge. The City Physician visits the place daily if necessary and oftener if called upon. There were at the time of our visit, 29 female patients and 13 male patients.

The Aldermen and Freeholders are responsible for this situation, and an arrangement so economical is made between the city and county authorities, that it is doubtful if all the money paid by the State toward the support of these insane patients is expended upon them.

GEORGE RICHARDS,  
PATRICK FARRELLY,  
J. M. BUCKLEY,  
ROMEO F. CHABERT, M.D.,  
JOHN C. EISELE,  
JOHN A. MCBRIDE,  
DAVID ST. JOHN, M.D.,  
JAMES W. SMITH, M.D.,  
Board of Managers.

# TREASURER S REPORT.

---

*To the Managers of the New Jersey State Hospital at Morris Plains, N. J.:*

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1896, to October 31st, 1897:

## RECEIPTS.

Balance on hand November 1st, 1896.....		\$20,312 17
From State Treasurer for convict patients.....	\$13,129 67	
From State Treasurer for county patients.....	47,284 55	
From State Treasurer for State indigent patients .....	6,700 00	
From sundry counties for maintenance of county patients,	159,768 72	
From private patients.....	58,200 83	
From hides, tallow, &c.....	12,261 74	
From First National Bank, Morristown, for interest.....	71 35	
From sundry insurance companies for loss by fire of cow-		
barn, sheds and contents.....	15,680 93	
From Treasurer's acceptance, No. 96, of November 30th,		
1895, returned and canceled.....	2 44	
	313,098 23	
		\$333,410 40

## DISBURSEMENTS.

On order of Warden.....	\$323,080 66	
Balance in Treasurer's hands.....	10,329 74	
	\$338,410 40	

**G. C. HINCHMAN,**  
Treasurer,

New Jersey State Hospital at Morris Plains, November 11th, 1897.

We hereby certify that we have examined the Treasurer's accounts and compared the same with his books and vouchers, and find them in accordance with the above statement and correctly stated and balanced.

GEORGE RICHARDS,  
JOHN A. MCBRIDE,  
JOHN C. EISELE,  
D. ST. JOHN,  
Auditing Committee.

## RECAPITULATION.

*State Treasurer—Convict Patients.*

First quarter .....	\$3,662 21
Second quarter.....	3,749 63
Third quarter.....	2,077 83
Fourth quarter.....	3,640 00

\$13,129 67

*State Treasurer—County Patients.*

First quarter.....	\$11,556 85
Second quarter.....	11,768 86
Third quarter.....	11,925 28
Fourth quarter.....	12,033 56

47,284 55

*State Treasurer—State Indigent Patients.*

First quarter .....	\$2,197 94
Second quarter.....	1,518 42
Third quarter.....	.....
Fourth quarter.....	2,983 64

6,700 00

*County Collectors.*

First quarter.....	\$38,976 60
Second quarter.....	33,648 78
Third quarter.....	43,667 81
Fourth quarter.....	43,473 53

159,766 72

*Private Patients.*

First quarter.....	\$17,501 97
Second quarter.....	12,789 70
Third quarter.....	15,646 90
Fourth quarter.....	12,262 26

58,200 83

*Hides, Tallow, &c.*

First quarter.....	\$2,918 11
Second quarter.....	2,952 59
Third quarter.....	2,951 08
Fourth quarter.....	3,439 96

12,261 74

*Interest.*

First quarter.....	\$18 72
Second quarter.....	20 75
Third quarter.....	12 61
Fourth quarter.....	19 27

71 35

Fire insurance on cow-barn, sheds and contents in first quarter.....	15,680 93
Treasurer's acceptance, No. 96, of November 30th, 1895, returned and canceled.....	2 44

\$318,098 23

*Orders Paid.*

First quarter.....	\$80,433 65	
Second quarter.....	87,209 94	
Third quarter.....	81,135 96	
Fourth quarter.....	74,301 11	
	<hr/>	\$323,080 66



## SUPERVISING ARCHITECT'S REPORT.

---

*To the Board of Managers of the New Jersey State Hospital at Morris Plains, N. J.:*

GENTLEMEN—I have the honor to submit the following in connection with the new building for the insane partly erected at Morris Plains, New Jersey.

The foundations for the entire building were completed in November, 1895, and were covered to protect them from damage by frost or rain.

The center part of the building, containing physician's residence, dining-rooms, kitchen, sewing-room, storerooms, amusement hall, main corridors and attendants' bedrooms, &c., was erected and put under roof in the summer and fall of 1896, being completed in January, 1897. The work included the walls, beams, floor arches and roof, but no finishing of any kind.

The covering of the foundation walls of the center part of the building was repaired and put in good shape during the summer of 1897.

The approximate estimate of the cost of carrying on the work would be as follows:

To build walls and roof of the right and left wings adjoining center building .....	\$65,000 00
To finish same for occupancy, including elevators, plumbing, &c.....	40,000 00
To finish center building for occupancy.....	20,000 00
Heating the center building and two wings.....	25,000 00
	<hr/>
	\$150,000 00

Making an approximate cost of \$150,000 for the erection of the two side wings adjoining the center building, with the adjoining infirmaries, and the finishing ready for occupancy of these two wings, together with the center part of the building, the walls and roof of which are already erected.

These parts of the building would comfortably house 400 patients, together with resident physicians, attendants and servants of all kinds.

To finish the remaining two end wings would cost approximately \$50,000 additional and would provide accommodation for 200 more patients.

Respectfully submitted,

ROBERT C. WALSH,

Supervising Architect.

Total amount expended on the new building.....	\$103,331 70
Total amount expended on the construction of new lavatories in the old building, and on the tearing out of the old plumbing, and changing the old lavatories into dormitories.....	44,181 52
Total amount expended on reservoir, &c, for new water supply.....	34,676 63
Total.....	<u>\$182,189 85</u>

The vouchers for these payments are on file in the Comptroller's office.

---

---

## REPORT OF THE WARDEN.

---

---

(21)





## WARDEN'S REPORT.

---

*To the Board of Managers of the New Jersey State Hospital for the Insane, at Morris Plains:*

**GENTLEMEN**—In compliance with established regulations the annual report of the financial status of this institution for the year ending October 31st, 1897, with an account of what has been accomplished during the year past, is herewith presented.

The receipts and disbursements are as follows:

Balance on hand November 1st, 1896.....	\$20,312 17	
Receipts from November 1st, 1896, to November 1st, 1897, not including insurance.....	297,417 30	\$317,729 47
Receipts from sundry insurance companies for loss by fire of cow-barn, sheds and contents.....	15,680 93	
		\$333,410 40
Total disbursements from November 1st, 1896, to November 1st, 1897...	323,080 66	
Cash balance on hand November 1st, 1897.....	\$10,329 74	

Of the above receipts, \$15,680.93 was received from an unusual source, that of insurance for loss on dairy buildings and contents, which were burned September 6th, 1896.

The disbursements are augmented by paying to the State Hospital for the Insane at Trenton \$10,000 for a loan contracted in 1893.

The resources and liabilities at this date are presented in the following schedule:

### RESOURCES.

Balance in the hands of Treasurer.....	\$10,329 74
Due from Hudson county, as per bill rendered.....	743 82
Due from Hunterdon county, as per bill rendered.....	3,883 99
Due from Passaic county, as per bill rendered.....	8,733 86
Due from Union county, as per bill rendered.....	9,268 55

Due from State Treasurer for county patients .....	\$4,011 18	
Due from State Treasurer for convict patients .....	3,262 87	
Due from State Treasurer for State patients.....	2,821 09	
Due from private patients, as per bills rendered.....	5,669 14	
Due from Sailors' Snug Harbor.. .....	3,544 66	
Petty expense account.. .....	281 05	
Due from clothing issued.....	3,113 75	
		<u>\$35,663 20</u>

## LIABILITIES.

Bills payable .....	\$6,963 63	
Pay-roll for month of October, 1897.....	7,966 46	
County patients paid beyond .....	2,632 99	
Private patients paid beyond .....	5,910 43	
Amount of bills rendered counties not yet earned .....	3,415 78	
Amount of bills rendered private patients not yet earned..	1,899 33	
		<u>28,788 62</u>
Balance above liabilities.....		<u>\$26,874 58</u>

The annual appraisement of the personal property of the institution, taken as usual, amounts to one hundred and fifty-one thousand six hundred and twenty dollars and forty cents (\$151,620.40). Thanks are due Hon. Chas. A. Baker, of Ledgewood, N. J., and Mr. Eugene S. Burke, of Morristown, N. J., appraisers appointed by your honorable Board, for their efficient assistance rendered in taking the same.

The improvements recommended in the report of this department made one year ago, and consisting of the new shops for the painters and masons and their supplies, the fitting of the Hospital with a system of telephone communication, the equipment of the gashouse with new benches of retorts of the Fleming pattern and the placing of sinks with hot and cold-water connections in the ward dining-rooms, the latter to the number of twenty (20), have been carried out in accordance with the plans there suggested, and have in each case proved to be a greater advantage than it was anticipated they would be. In addition to these improvements then contemplated, the following may be mentioned as among the most noticeable and beneficial betterments accomplished during this same time ;

**PIANOS.**

During the past year the wards have been furnished with six new pianos. The old pianos were purchased in the early days of the house and were past use as musical instruments. The new ones add much to the entertainment of the patients and cheerfulness of the halls.

**BOILERS.**

The nest of eight boilers which furnishes steam for the house has been reset. It was hoped to defer these repairs until another year, but, considering the dependency placed upon these boilers, it was thought best to do the work this year. The work was done by the mechanics employed by the Hospital, and at a cost considerably below the figures of a bid for this work submitted by the firm which originally placed the boilers in position.

Two new feed-pumps to the boilers have been placed in the boiler-house to take the place of those which had been in use from the opening of the house and had worn out.

**STONE WALKS.**

One thousand (1,000) feet of stone walk has been laid in the rear of the south wing. Sawed Ohio bluestone flagging, four feet wide, has been used. A larger part of the high board fence which inclosed these yards has been removed and the ground graded. The addition of the walks and other improvements will make this part of the grounds as attractive as any other. This will make a pleasant recreation ground for the patients.

Last year one thousand (1,000) feet of stone walk was laid on either side of the main avenue, between the double rows of trees. This walk is much appreciated from the fact that it is a good dry walk at all times of the year, and gives the patients opportunity for exercise at times when it cannot be taken elsewhere outdoors.

## GRAND STAND.

During the summer a very substantial grand stand was built at the ball ground, with a seating capacity for easily five hundred people. Part of the space beneath the seats has been made into dressing-rooms and a washroom for the ball teams. The building is so arranged that the remainder of this space can be utilized for bowling alleys.

## NEW BARN AND SHEDS.

The dairy barn and sheds which take the place of those burned in September, 1896, have been built during the past year. The general plan as described in the last report was carried out. This was that of a barn 62 x 124, with the cow stable, rootroom, feed bins and silo on the first floor, and hay loft and storage-rooms on the second, and two sheds, one on either side of the yard, 164 x 25 feet, with four box stalls each in the end next to the barn. The remainder of the shed is open, with a hay loft overhead. The sheds afford shelter in the inclement weather. Particular attention has been paid to the drainage and sewerage of the yard and buildings. The yard is 254 x 210 feet, graded so that it is drained through three traps built in a line in the center of the yard. The storm drainage is separate from the sewage, and is carried to the brook near the barn in a twelve-inch drain pipe. The sewage from the yard, the manure pit and the stables is carried to a settling tank about five hundred feet from the barn. Into this also flows the sewage of the slaughter-house and hog pens. The solids are collected in the settling tank, and the liquids flow from here in a six-inch pipe to the land in front of the building lying to the south and west of the main drive. Here, by a system of outlets, it is controlled so that it can be made to irrigate forty or fifty acres. At the point where the pipe crosses the stream which flows to the south of the main building, a trap has been made so that the water can be turned in with the sewage, and also used in irrigating the land. The six-inch pipe line which carries the sewage is three thousand one hundred and fifty (3,150) feet long. The ground floor of the barn, excepting the platforms on which the cows stand, is made of cement. At both ends of the stable are stand pipes with hose attached, to be used both for fire and for cleansing purposes. The six

large doors opening into the stable are provided with both a slat door and a solid door. The slat door makes it possible to have the barn closed and still have excellent ventilation. The buildings are supplied with water from a six-inch main connecting with both the upper and the lower reservoirs. There are two fire plugs, one at either end of the barn.

#### DAIRY.

In order to keep the dairy up to a high standard, no cows are used but that are large and young and show good points. These are bought either with calves at their sides, or as near-by springers. Such cows will yield milk for more than one year. The system of slaughtering the cows when it is no longer profitable to milk them is still followed, and being well fed when they go dry they are in good condition for slaughtering. The meat is used in the house. During the year the number of cows milked has averaged fifty-eight, with the average 11.20 quarts from each cow. The milk is at present cooled in a box in the barn. The water from a spring near the barn is used to cool the milk and supply the watering trough.

#### NEW RESERVOIR.

The new reservoir, the contract for which is paid for by an appropriation made by the State, is about ready for use. It has a capacity of six million two hundred and fifty thousand (6,250,000) gallons. The elevation of the surface of the water when the reservoir is full is one hundred and forty-four (144) feet above the water table of the new annex and two hundred and thirty-three (233) feet above that of the main building. This reservoir was built to supply water to the new annex, the elevation of which is too high to be supplied by the old reservoir, and to supplement the supply for the main building from the surplus. With the exception of one season, it has been necessary to pump every year since the opening of the house from the stream on the north of the Hospital into the reservoir supplying the Hospital. The appropriation was enough to build the reservoir, but not sufficient to buy all the pipe. The balance of the pipe and laying it will cost about two thousand five hundred dollars (\$2,500).

## FARM AND GARDEN.

The crops from the farm and garden have been very good, with the exception of potatoes and tomatoes. The potatoes, like all grown in this vicinity, suffered from the potato rot. Under usual circumstances the crop would have yielded five thousand (5,000) bushels; as it was, less than a thousand bushels were gathered. The reclaiming of waste and swamp land has been carried on as in former years. This has increased the amount of tillable land so that it is possible to do more general cropping than formerly. Three thousand (3,000) bushels of corn in the ear have been raised this year in addition to the usual crops. The aim is to keep increasing the corn yield until enough is raised to supply the dairy with meal.

## DITCHING AND IMPROVEMENT TO FARM LANDS.

Twenty-five acres of land have been underdrained and cleared of brush and stones. This took six thousand nine hundred and forty-two (6,942) feet of ditching. The system of underdrains on this ground is so arranged that all the water is gathered at one outlet. From a very recent test, these drains run eighty thousand (80,000) gallons per day. When the whole system is completed, they will run one hundred thousand (100,000). This water is gathered mainly from lasting springs. The outlet of the drains is thirty-seven feet above the floor of the boiler-house. Some valuable use could be made of this water in the future. By placing a power-pump in the boiler-house, the water could be pumped in the reservoir supplying the house at a very little increase over the original cost of the pump, as the engines have the power and could supply it with but small additional expense. The land gained by this underdraining is as fertile as any on the property. The object of this line of work is to increase the acreage of tillable land and to raise the standard of fertility, so as to get the best possible results from the property.

## REQUIREMENTS.

The following is an approximate estimate for the amounts of money required from the State for the subjects herein mentioned, for the fiscal year ending October 31st, 1898 :

For the annual appraisement.....	\$75 00
For the salary of resident officers.....	12,800 00
For the maintenance of county patients.....	52,000 00
For the support and clothing of insane convicts .....	16,500 00
For the support and clothing of State indigent patients .....	16,000 00

Respectfully submitted,

M. K. EVERITT,

Warden.

New Jersey State Hospital at Morris Plains, October 31st, 1897.





# ABSTRACT OF ACCOUNTS.

*For the Fiscal Year Ending October 31st, 1897.*

G. C. HINCHMAN, Treasurer.

## DE.

To balance October 31st, 1896.....	\$20,312 17
To amount received for board, clothing and incidental expenses of private patients..	58,200 83
To amount received for board, clothing and incidental expenses of county patients. ....	159,766 72
To amount received from State Treasurer for county patients .....	47,284 55
To amount received from State Treasurer for convict patients..	13,129 67
To amount received from State Treasurer for State indigent patients....	6,700 00
To amount received for hides, tallow, &c.....	6,457 48
To amount received for sundries, rags, &c.....	1,644 78
To amount received for hogs and pigs .....	4,075 48
To amount received for rents.....	84 00
To amount received for interest.....	71 35
To amount received from Treasurer's acceptance, No. 96, of November 30th, 1895, returned and canceled..	2 44
To amount received from sundry insurance companies from loss by fire of cow-barn, shed and contents...	15,680 93
	<u>\$33,410 40</u>

## OR

Amusements .....	\$1,126 47
Books and stationery.....	1,407 63
Bedding, linen, &c.....	5,733 88
Clothing .....	10,464 32
Crockery and cutlery .....	796 63
Counsel fees.....	20 00
Dairy .....	6,459 97
Ditching and improvement to farm land...	3,449 49
Farm .....	11,446 61
Fire apparatus.....	352 00
Flour .....	6,250 90
Fencing.....	567 20
Fruit .....	1,514 26

(31)

Freight.....	\$5,182 12
Furniture.....	3,948 99
Fuel .....	14,660 14
Funeral expenses.....	705 00
Garden.....	3,558 81
Greenhouse .....	1,173 75
Loan of New Jersey State Hospital at Trenton .....	10,000 00
Grading .....	5,667 72
Grounds.....	1,499 31
Hay and straw.....	1,475 36
Harness, wagons, &c.....	627 38
Household goods.....	2,442 17
Improvement of buildings.....	9,995 56
Insurance.....	643 00
Incidentals.....	3,650 55
Laundry machinery and plumbing.....	520 00
Laundry.....	6,015 13
Light .....	7,629 52
Medical supplies.....	4,412 19
Medical library.....	102 89
Newspapers .....	66 25
New pianos .....	1,015 00
New buildings, new barn and sheds .....	18,568 85
Provisions and groceries.....	90,318 95
Postage.....	712 20
Petty current expenses .....	500 00
Pathological .....	60 05
Refunding .....	1,623 59
Repairs.....	17,344 61
Smith and wheelwright.....	1,418 33
Water mains (new barn) .....	1,063 91
Stone walks.....	444 05
Tinware and fixtures .....	782 86
Tools and supplies, boiler-house and machine shop.....	545 70
Telegrams, telephone rental, &c.....	2,530 17
Vegetables .....	2,204 86
Wages .....	52,397 33
	<hr/>
	\$323,080 66
Balance in hands of Treasurer, October 31st, 1897.....	10,329 74
	<hr/>
	\$333,410 40

# APPENDIX TO WARDEN'S REPORT.

## FARM AND GARDEN PRODUCTS.

### DAIRY AND FARM, 1897.

237,135	Quarts milk (average number of cows milked, 58). .....	@	\$0 04	\$9,485 40
100	Dozen eggs.....		20	20 00
235	Tons hay.....		12 50	2,937 50
30	Tons rye straw.....		15 00	450 00
600	Bushels rye.....		40	240 00
3,045	Bushels corn (in ear).....		22	669 90
365	Bushels potatoes .....		75	273 75
1,000	Bushels cow-horn turnips.....		30	300 00
200	Bushels winter apples.....		65	130 00
60	Bushels windfall apples.....		50	30 00
572	Bushels cider apples.....		10	57 20
12	Bushels crabapples.....		50	6 00
6,000	Bundles cornstalks.....		03	180 00
1,200	Bundles cornfodder .....		03	36 00
26	Weeks' pasture for 65 head stock.....		50	845 00
				<hr/> \$15,660 75

### STOCK.

4,523	Pounds veal (33 calves) .....	@	\$0 10	\$452 30
50	Fowls.....		50	25 00
43	Cattle slaughtered (25 845 pounds) .....		07	1,809 15
	Amount received for hogs sold.....		.....	4,075 48
				<hr/> 6,361 93

\$22,022 63

### GARDEN, 1897.

1,043	Bushels tomatoes.....	@	\$0 75	\$782 25
690	Bushels carrots.....		40	278 00
800	Bushels parsnips.....		40	320 00
1,040	Bushels beets. ....		40	416 00
700	Bushels mangel-wurzel .....		30	210 00
780	Bushels rutabaga turnips.....		30	219 00
500	Bushels yellow stone turnips.....		30	150 00
400	Bushels flat turnips.....		30	120 00
539	Bushels potatoes .....		75	404 25

268	Bushels onions.....	\$0 50	\$134 00
149	Bushels selected apples.....	65	96 85
600	Bushels spinach.....	40	240 00
700	Bushels kale.....	30	210 00
650	Bushels bush beans.....	60	390 00
275	Bushels lima beans.....	75	206 25
505	Bushels peas.....	1 00	505 00
105	Bushels cucumbers.....	60	63 00
70	Bushels cucumber pickles.....	1 25	87 50
40	Bushels horseradish.....	1 25	50 00
50	Bushels oyster plant.....	1 00	50 00
150	Bushels grapes.....	1 25	187 50
194	Bushels bush squash.....	40	77 60
44,500	Heads celery.....	02½	1,112 50
21,250	Heads cabbage.....	04	850 00
20,950	Heads lettuce.....	01½	314 25
350	Heads early cauliflower.....	05	17 50
28,000	Bunches onions.....	01½	420 00
38,900	Bunches radishes.....	01½	583 50
975	Bunches carrots.....	02	19 50
8,050	Bunches asparagus.....	10	805 00
11,500	Bunches rhubarb.....	04	460 00
1,970	Bunches parsley.....	03	59 10
2,760	Bunches leeks.....	03	82 80
950	Bunches celery for soup.....	05	47 50
200	Bunches sage.....	05	10 00
150	Bunches thyme.....	05	7 50
100	Bunches sweet marjoram.....	05	5 00
100	Bunches savory.....	05	5 00
15	Bunches tarragon.....	10	1 50
15	Bunches chive.....	10	1 50
18	Baskets pears (Bartlett).....	60	10 80
15	Baskets pears (Sheldon).....	75	11 25
25	Baskets pears (Seckel).....	50	12 50
4,350	Muskmelons.....	04	174 00
3,100	Ears sweet corn.....	01	310 00
1,180	Bundles cornstalks.....	03	35 40
3,500	Peppers.....	00½	8 75
300	Pumpkins.....	05	15 00
446	Quarts blackberries.....	10	44 60
658	Quarts raspberries.....	10	65 80
3,561	Quarts strawberries.....	10	358 10
250	Quarts cherries.....	10	25 00
651	Quarts currants.....	10	65 10
			<hr/> \$11,131 65
			<hr/> \$33,154 33

## CUT FLOWERS AND PLANTS FURNISHED, 1897.

## CUT FLOWERS.

Roses.....	28,000
Carnations.....	18,000
Sweet peas.....	5,000
Violets.....	3,000
Chrysanthemums.....	700
Stevia.....	500
Heliotrope.....	200
Iris.....	100
Gladiolus.....	400
Tuberoses.....	200
Asters.....	2,000
Bunches of coreopsis.....	50
Frenia.....	500
Roman hyacinths.....	250
Dahlias.....	300
Bunches of phlox.....	50
Strings of smilax.....	200
Strings of asparagus.....	75
Bunches of cosmos.....	200
Calla lilies.....	100

## DECORATIVE AND BLOOMING PLANTS GROWN IN POTS.

Chinese primroses.....	150
Dutch hyacinths.....	250
Cineraria hybrida.....	200
Easter lilies.....	150
Chrysanthemums.....	750
Begonia.....	150
Calla lilies.....	80
Narcissus.....	200
Tulips.....	300
Marguerites.....	25
Hydrangeas.....	25

## PLANTS AND BULBS GROWN FOR BEDDING.

Coleus.....	500
Geraniums.....	2,200
Stevia.....	600
Santalina.....	600
French canna.....	800
Alternanthera.....	2,000
Salvia splendens.....	250
Pyrethrum aureum.....	500

<i>Cineraria maritima</i> .....	800
<i>Ageratum</i> .....	200
<i>Caladium esculentum</i> .....	250
Pansies .....	1,800
English daisies.....	800
Orotons .....	250
Rose plants.....	800
Carnation plants .....	1,000
Violet plants.....	£00
Forget-me-not .....	200
<i>Begonia vernon</i> .....	500

## ACCOUNT OF FRUITS, &amp;c., CANNED AND PRESERVED.

Peaches.....	91 quarts
Cherries .....	15 quarts
Plums .....	8 quarts
Raspberries.....	9 quarts
Strawberries.....	32 quarts
Pickled cucumbers.....	46 quarts
Chili sauce .....	12 quarts
Mustard pickles.....	13 quarts
Pickled cabbage .....	3 quarts
Mangoes .....	16 quarts
Preserved watermelon.....	8 quarts
Pickled peaches.....	12 quarts
Brandied peaches.....	6 quarts
Crabapple jelly.....	49 glasses
Currant jelly.....	14 glasses
Tomatoes.....	218 gallons
Canned peaches.....	502 gallons
Crabapples .....	56 gallons

## ARTICLES MADE IN SEWING-ROOM, 1897.

Sheets.....	3,002
Double sheets.....	66
Pillow cases .....	2,585
Bolster cases .....	30
Hand towels .....	2,240
Roller towels.....	450
Dish towels.....	815
Table cloths .....	158
Napkins .....	258
Kitchen aprons .....	254
Chef's aprons.....	7
Butcher aprons.....	12
Barber aprons.....	6
Infirmary aprons .....	6

# NEW JERSEY STATE HOSPITAL.

37

Curtains.....	180
Curtain bands.....	174
Blankets hemmed .....	422
Clothes bags.....	78
Chemise .....	757
Ladies' drawers .....	406
Petticoats .....	529
Under waists .....	12
Night dresses .....	25
Night shirts .....	14
Burial robes .....	34
Burial skirts.....	34
Burial chemise .....	34
Burial sheets.....	34
Dresses.....	885
Dress waists.....	10
Dress skirts .....	3
Wrappers.....	12
Dresses altered .....	10
Dresses (baby's wardrobe) .....	12
Petticoats (baby's wardrobe).....	24
Total number of pieces.....	13,578

## RETURN OF WORK DONE IN MATTRESS-ROOM AND SHOE-SHOP.

Single hair mattresses made, new.....	707
Double hair mattresses made, new.....	9
Single hair mattresses made over.....	998
Double hair mattresses made over.....	42
Hair pillows made, new.....	773
Hair pillows made over.....	1,959
Single hair mattress ticks made, new.....	710
Double hair mattress ticks made, new.....	9
Pillow ticks made, new.....	986
Feather pillows made, new.....	173
Sofa pillows made, new.....	9
Pieces of furniture upholstered.....	108
Large hall carpets made, new .....	5
Large hall carpets made over.....	7
Alcove carpets made, new .....	5
Alcove carpets made over.....	3
Connecting hall carpets made, new.....	3
Connecting hall carpets made over.....	7
Parlor carpets made, new.....	4
Parlor carpets made over.....	2
Room carpets made, new.....	297
Room carpets made over.....	252
Carpets taken up .....	715



Carpets laid.....	763
Carpets repaired .....	120
Rooms laid with linoleum.....	3
Chairs caned.....	194
Settees caned.....	8
Holland shades made, new.....	355
Long window curtains made, new.....	4
Long window curtains hung, in pairs.....	42
Ottomans made, new.....	43
Carpet doormats made, new.....	25
Pairs of holders made for bakery and gas-house.....	155
Pieces of harness repaired.....	70
Pieces of harness made, new .....	42
Bed protectors made, new.....	680
Bed protectors repaired .....	262
Horse blankets repaired.....	18
Yards of carpet hemmed.....	694
Yards of carpet bound.....	243
Sets of mangle aprons made, new.....	9
Sets of mangle aprons repaired.....	11
Chair cushions made, new.....	34
Awnings put up.....	27
Awnings taken down .....	27
Mattress ticks repaired.....	296
Window shades repaired.....	227
American flags (10 x 22) made, new.....	2
Sets of heavy double harness.....	2
Pairs of boots, shoes and slippers repaired.....	885
Total number of pieces.....	13,021

## RETURN OF WORK DONE IN TIN-SHOP, 1897.

Rice pans.....	172
Butter boxes.....	100
Diet cups.....	200
Diet cup covers.....	125
Dust pans.....	100
Special diet flats.....	224
Biscuit pans .....	75
Pails .....	68
Fruit cans.....	100
Molasses pitchers.....	50
Washbasins .....	40
Drinking cups.....	112
Dippers.....	52
Tea and coffee pots.....	20
Small cake pans.....	36
Coffee kettles.....	6

# NEW JERSEY STATE HOSPITAL.

39

Scrap pans.....	12
Sprinkling pots.....	8
Potato stewers.....	6
Dinner boxes for steam cars.....	18
Grease cans.....	24
Other pieces, as needed.....	91
Pieces tinware repaired.....	772
Locks repaired.....	310
Knives and scissars repaired.....	308
Total number of pieces.....	3,027
Also repairs to roofs, gutters, leaders, gongs, speaking-tubes, &c.	







PAVILION AND EXHIBITION GROUNDS.—MALE DEPARTMENT (REAR).

---

---

## REPORT OF THE MEDICAL DIRECTOR.

---

---

(41) .



# REPORT OF THE MEDICAL DIRECTOR.

*To the Board of Managers :*

GENTLEMEN—Herewith is submitted to you the twenty-second annual report of the Medical Department of the New Jersey State Hospital at Morris Plains.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING  
OCTOBER 31st, 1897.

	Men.	Women.	Total.	Men.	Women.	Total.
In the Hospital October 31st, 1896.....				538	550	1,088
Patients admitted—						
First admission.....	131	126	257			
Not first admission.....	21	16	37			
Total admitted during the year.....				152	142	294
Total number of patients under treatment during the year.....				690	692	1,382
Patients discharged—						
Restored.....	34	39	73			
Improved.....	20	19	39			
Unimproved.....	2	12	14			
Died.....	40	38	78			
By elopement.....	1		1			
Total discharged and died.....				97	108	205
Remaining in the Hospital.....				593	584	1,177
Of this number there are, Public.....	518	518	1,036			
Private.....	75	66	141			
Total.....				593	584	1,177
Whole number admitted from August 17th, 1876, to October 31st, 1897.....				2,559	2,357	4,916
Whole number discharged during the same period of time—						
Restored.....	532	511	1,043			
Improved.....	453	463	916			
Unimproved.....	186	209	395			
Died.....	780	590	1,370			
By elopement.....	15		15			
Total.....				1,966	1,773	3,739
Remaining October 31st, 1897.....				593	584	1,177



TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1896.									
November.....	16	16	32	2	5	7	544.70	553.40	1,098.10
December.....	17	13	30	8	13	21	556.80	516.76	1,113.56
1897.									
January .....	14	7	21	6	11	17	563.71	553.71	1,117.42
February.....	11	11	22	6	10	16	569.14	556.40	1,125.54
March .....	13	12	25	5	8	13	578.30	558.78	1,137.08
April .....	12	13	25	11	7	18	579.20	563.07	1,142.27
May.....	15	11	26	8	6	14	583.54	568.79	1,152.33
June.....	14	11	25	10	4	14	590.25	575.53	1,165.78
July.....	10	14	24	7	8	15	592.24	580.80	1,173.04
August.....	7	12	19	8	12	20	595.00	581.21	1,176.21
September.....	10	11	21	6	8	14	596.68	587.14	1,183.82
October.....	13	11	24	19	16	35	597.00	581.28	1,178.28
Total.....	152	142	294	96	108	204			
For the year.....							578.88	568.07	1,146.95

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

ATTACK.	Men.	Women.	Total.
First.....	128	120	248
Second.....	20	12	32
Third.....	2	8	10
Fourth.....	1	1	2
Fifth.....	1	1	2
Total.....	152	142	294

TABLE IV.

AGE WHEN ADMITTED.

AGE.	Men.	Women.	Totals
From fifteen to twenty years .....	7	6	13
From twenty to twenty-five years.....	17	14	31
From twenty-five to thirty years.....	24	26	50
From thirty to thirty-five years.....	22	15	37
From thirty five to forty years.....	16	17	33
From forty to forty-five years.....	15	16	31
From forty-five to fifty years.....	18	17	35
From fifty to sixty years.....	14	15	29
From sixty to seventy years.....	13	9	22
From seventy to eighty years.....	8	5	8
Eighty years and over.....	3	2	5
Total. ....	152	142	294

TABLE V.

NATIVITY OF THOSE ADMITTED.

NATIVITY.	Men.	Women.	Total.
California .....		1	1
Connecticut .....	1	1	2
Delaware .....		1	1
Georgia .....		1	1
Illinois .....		1	1
Kentucky .....		1	1
Maine .....	1	1	2
Maryland .....	1		1
Massachusetts .....		1	1
Missouri .....	1		1
New Hampshire .....		1	1
New Jersey .....	65	52	117
New York .....	17	13	30
Ohio .....	2		2
Pennsylvania .....	6	5	11
Vermont .....		1	1
Virginia .....	2	3	5
United States .....	5	3	8
Austria .....	1	1	2
Bavaria .....	1		1
Belgium .....		1	1
Canada .....	1		1
England .....	5	2	7
France .....		1	1
Germany .....	13	16	29
Holland .....	2	4	6
Ireland .....	16	20	36
Italy .....	2		2
Norway .....	1		1
Poland .....	1	1	2
Russia .....	1	2	3
Scotland .....	1	2	3
Sweden .....	4	2	6
Switzerland .....		3	3
Wales .....	1	1	2
West Indies .....	1		1
Total .....	152	142	294

TABLE VI.

## RESIDENCE OF THOSE ADMITTED

COUNTIES.	Men.	Women.	Total.
Camden .....		1	1
Bergen .....	10	14	24
Essex .....	28	20	48
Hudson .....	21	21	42
Hunterdon .....	14	2	16
Middlesex .....	1		1
Monmouth .....		1	1
Morris .....	12	16	28
Passaic .....	21	30	51
Somerset .....	1		1
Sussex .....	7	7	14
Union .....	28	17	43
Warren .....	6	10	16
New York, N. Y. ....	5	3	8
Total .....	152	142	294

TABLE VII.

## CIVIL CONDITION OF THOSE ADMITTED.

CIVIL CONDITION.	Men.	Women.	Total.
Single .....	78	53	131
Married .....	67	68	135
Widowed .....	7	21	28
Total .....	152	142	294

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

*Males.*

Artisans.....	22
Brokers .....	3
Carpenters .....	4
Clerks .....	20
Clergyman.....	1
Druggist.....	1
Engineer.....	1
Farmers .....	16
Lawyer.....	1
Laborers .....	42
Merchants .....	10
Mechanics.....	6
Masons .....	2
Mariners .....	2
Musician.....	1
Physician .....	1
Student.....	1
No occupation.....	18
Total.....	152

TABLE IX.

OCCUPATION OF THOSE ADMITTED.

*Females.*

Clerks .....	6
Housewives.....	61
Housekeepers .....	9
Laundresses .....	6
Nurse .....	1
Physician .....	1
Seamstresses.....	3
Servants .....	24
Silk weavers .....	3
Teachers .....	4
No occupation.....	24
Total .....	142

TABLE X.

FORM OF MENTAL DISEASE OF THOSE ADMITTED.

MENTAL DISEASE.	Men	Women.	Total.
Mania, acute.....	22	37	59
Mania, acute delirious.....	1	1	2
Mania, chronic.....	7	16	23
Mania, epileptic.....	6	1	7
Mania, puerperal.....	.....	1	1
Mania, recurrent.....	1	3	4
Mania, toxic (alcoholic).....	9	2	11
Melancholia, acute.....	38	31	69
Melancholia, agitated.....	5	1	6
Melancholia, chronic.....	7	7	14
Melancholia, recurrent.....	1	1	2
Melancholia, stuporous.....	2	.....	2
Dementia, epileptic.....	1	3	4
Dementia, organic.....	1	1	2
Dementia, paretic.....	11	.....	11
Dementia, senile.....	6	12	18
Dementia, terminal.....	8	5	13
Epilepsy.....	.....	2	2
Idiocy.....	.....	1	1
Imbecility.....	4	3	7
Imbecility with epilepsy.....	2	2	4
Adolescent insanity.....	6	3	9
Pubescent insanity.....	2	1	3
Choreic insanity.....	.....	1	1
Morphinomania.....	1	1	2
Paranoia.....	11	6	17
Total.....	152	142	294

TABLE XI.

MANNER OF SUPPORT OF THOSE ADMITTED.

HOW SUPPORTED.	Men.	Women.	Total.
State.....	28	21	49
County.....	81	82	163
Private.....	43	39	82
Total ....	152	142	294

TABLE XII.

## ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

CAUSES.	Men.	Women.	Total.
<i>Physical.</i>			
Burns.....		1	1
Chorea.....		1	1
Congenital.....	1	3	4
Cerebral hemorrhage.....	1	1	2
Childbirth.....		6	6
Epilepsy.....	9	8	17
General ill-health.....	5	8	13
Heat stroke.....	2	1	3
Heredity.....	17	22	39
Injury.....	3	1	4
Intemperance or other excesses.....	16	5	21
La grippe.....	1	1	2
Masturbation.....	4		4
Meningitis.....	1		1
Menopause.....		2	2
Opium.....	1	2	3
Old age.....	4	6	10
Operation, Surgical.....		1	1
Overwork.....	7	3	10
Pregnancy.....		4	4
Syphilis.....	4	1	5
Total physical.....	76	77	153
<i>Moral.</i>			
Business troubles.....	7		7
Domestic troubles.....	4	6	10
Disappointed affections.....	1	2	3
Financial reverses.....	6	1	7
Grief.....		4	4
Religious excitement.....	1	5	6
Shock.....	1	1	2
Worry.....	6	7	13
Total moral.....	26	26	52
Total physical.....	76	77	153
Total moral.....	26	26	52
Unassigned.....	50	39	89
Total.....	152	142	294

TABLE XIII.

## COMPLICATIONS OF THOSE ADMITTED.

COMPLICATIONS.	Men.	Women	Total.
Arrhythmia .....	2	.....	2
Athetosis.....	1	.....	1
Atrophied testicle.....	2	.....	2
Anæmia.....	2	1	3
Burns.....	.....	1	1
Cataract.....	1	1	2
Chorea.....	.....	1	1
Chronic pleuritis.....	1	.....	1
Cystitis.....	1	.....	1
Deformed chest.....	1	.....	1
Deaf-mute.....	.....	1	1
Emphysema.....	1	.....	1
Epilepsy.....	9	8	17
Endarteritis.....	2	.....	2
Frozen feet.....	1	.....	1
Fistula in ano.....	1	.....	1
Gonorrhœa.....	1	.....	1
Hemiplegia.....	1	2	3
Hernia.....	5	.....	5
Inanition.....	3	1	4
Lacerated perinæum.....	.....	4	4
Nephritis.....	12	7	19
Organic heart disease.....	8	30	38
Pulmonary tuberculosis.....	.....	1	1
Pregnancy.....	.....	4	4
Rheumatism.....	1	1	2
Strabismus.....	1	1	2
Syphilis.....	6	1	7
Varicocele.....	3	.....	3
Homicidal tendencies.....	21	11	32
Suicidal tendencies.....	29	28	57
Without complications.....	97	91	188

In this table several patients who had a number of complications have been noted more than once. Therefore, the totals would have no significance.



TABLE XIV.

## HEREDITY OF THOSE ADMITTED

HEREDITY.	Men.	Women.	Total.
Insanity in family.....	41	38	79
Hereditary taint denied.....	69	69	138
Hereditary history unobtainable.....	42	35	77
Total.....	152	142	294

TABLE XV.

## DURATION OF TREATMENT BEFORE ADMISSION.

PERIOD.	Men.	Women.	Total.
Under one month.....	31	36	67
From one to three months.....	35	33	68
From three to six months.....	12	11	23
From six to twelve months.....	15	13	28
From one to two years.....	18	10	28
From two to three years.....	8	8	16
From three to four years.....	6	3	9
From four to five years.....	6	5	11
From five to ten years.....	9	13	22
From ten to twenty years.....	7	5	12
Over twenty years.....	5	5	10
Total.....	152	142	294

TABLE XVI.

AGE WHEN ATTACKED OF THOSE RESTORED.

AGE.	Men.	Women.	Total.
From fifteen to twenty years.....	3	1	4
From twenty to twenty-five years.....	5	8	13
From twenty-five to thirty years.....	4	8	12
From thirty to thirty-five years.....	7	6	13
From thirty-five to forty years.....	6	5	11
From forty to forty-five years.....	3	5	8
From forty-five to fifty years.....	2	2	4
From fifty to sixty years.....	2	4	6
From sixty to seventy years.....	2	.....	2
Total.....	34	39	73

TABLE XVII.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

DURATION.	Men.	Women.	Total.
Under one month.....	15	16	31
From one to three months.....	11	11	22
From three to six months.....	4	4	8
From six to twelve months.....	3	2	5
From one to two years.....	1	.....	1
Over two years.....	.....	6	6
Total.....	34	39	73

TABLE XVIII.

DURATION OF TREATMENT OF THOSE RESTORED.

DURATION OF TREATMENT.	Men.	Women.	Total.
Under one month .....	2	3	5
One to two months.....	3	5	8
Two to three months.....	3	9	12
Three to four months.....	5	4	9
Four to five months .....	3	1	4
Five to six months.....	2	6	8
Six to nine months.....	5	6	11
Nine to twelve months.....	4	3	7
Twelve to eighteen months.....	1	1	2
Eighteen to twenty-four months.....	3	1	4
Two years and over .....	3	.....	3
Total.....	34	39	73

TABLE XIX.

MENTAL DISEASE OF THOSE RESTORED

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute.....	8	17	25
Mania, puerperal.....	.....	1	1
Mania, recurrent .....	.....	2	2
Mania, toxic (alcohol).....	4	2	6
Melancholia, acute.....	17	10	27
Melancholia, chronic.....	2	1	3
Melancholia, recurrent.....	1	1	2
Dementia, primary.....	.....	1	1
Adolescent insanity.....	1	2	3
Choreic insanity.....	.....	1	1
Morphinomania.....	1	1	2
Total .....	34	39	73

TABLE XX.  
AGE AT DEATH.

AGE.	Men.	Women.	Total.
Ten to fifteen years.....	1	.....	1
Fifteen to twenty years.....	1	.....	1
Twenty to twenty-five years.....	1	.....	1
Twenty-five to thirty years.....	.....	3	3
Thirty to thirty-five years.....	1	2	3
Thirty-five to forty years.....	3	4	7
Forty to forty-five years.....	4	5	9
Forty-five to fifty years.....	5	3	8
Fifty to sixty years.....	11	8	19
Sixty to seventy years.....	5	7	12
Seventy to eighty years.....	6	5	11
Eighty years and over.....	2	1	3
Total .....	40	38	78
Average age at death. ....	54	52	53

TABLE XXI.

FORM OF MENTAL DISEASE OF THOSE WHO DIED.

MENTAL DISEASE.	Men.	Women	Total.
Mania, acute.....	2	3	5
Mania, acute delirious.....	1	1	2
Mania, chronic.....	3	5	8
Mania, epileptic.....	1	.....	1
Mania, puerperal.....	.....	1	1
Mania, recurrent.....	.....	1	1
Melancholia, acute.....	1	3	4
Melancholia, chronic.....	2	4	6
Melancholia, stuporous.....	1	.....	1
Dementia, epileptic.....	1	.....	1
Dementia, organic.....	.....	1	1
Dementia, parietic.....	9	2	11
Dementia, primary.....	.....	1	1
Dementia, senile.....	9	4	13
Dementia, terminal.....	6	11	17
Imbecility.....	.....	1	1
Imbecility with epilepsy.....	1	.....	1
Paranoia.....	3	.....	3
Total .....	40	38	78

TABLE XXII.

CAUSES OF DEATH

CAUSE.	MANIA		MELANCHOLIA		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
<b>Mania—</b>							
Acute, with chronic nephritis .....	1						1
Acute, with exhaustion .....	2						2
Acute, with gastro-enteritis .....	1						1
Acute, with organic heart disease .....	1						1
Acute, delirious, with exhaustion .....	1	1					2
Chronic with acute pleurisy .....	1						1
Chronic with chronic nephritis .....	1						1
Chronic, with exhaustion .....		2					2
Chronic, with organic heart disease .....	1						1
Chronic, with pneumonia .....	1						1
Chronic, with pulmonary tuberculosis .....	1	1					2
Epileptic, with status epilepticus .....	1						1
Paralytic, with pneumonia .....	1						1
Paralytic, with organic heart disease .....	1						1
<b>Melancholia—</b>							
Acute, with dysentery .....				1			1
Acute, with exhaustion .....				1			1
Acute, with organic heart disease .....				1			1
Acute, with pneumonia .....			1				1
Chronic, with cerebral hemorrhage .....				1			1
Chronic, with chronic gastritis .....			1				1
Chronic, with chronic nephritis .....				2			2
Chronic, with pulmonary tuberculosis .....			1	1			2
Suppurative, with dysentery .....			1				1
<b>Pneumonia—</b>							
Epidemic, with pneumonia .....					1		1
Epidemic, with cerebral hemorrhage .....						1	1
Pneumia, with chronic nephritis .....					2		2
Pneumia, with osteomyelitis .....					3		3
Pneumia, with enteric colitis .....					1		1
Pneumia, with exhaustion .....					3	2	5
Pneumia, with pneumonia .....						1	1
Senile, with cerebral hemorrhage .....					1		1
Senile, with cerebral embolism .....					1		1
Senile, with chronic nephritis .....						1	1
Senile, with dry pleurisy .....					1		1
Senile, with exhaustion .....					4	1	5
Senile, with organic heart disease .....					1	2	3
Senile, with pneumonia .....					1		1
Senile, with acute enteritis .....					1	1	2
Senile, with carcinoma of breast .....						1	1
Senile, with chronic enteric colitis .....						1	1
Senile, with chronic nephritis .....					2		2
Senile, with exhaustion .....						1	1

1871

1871

1871

1871

1871

1871

1871

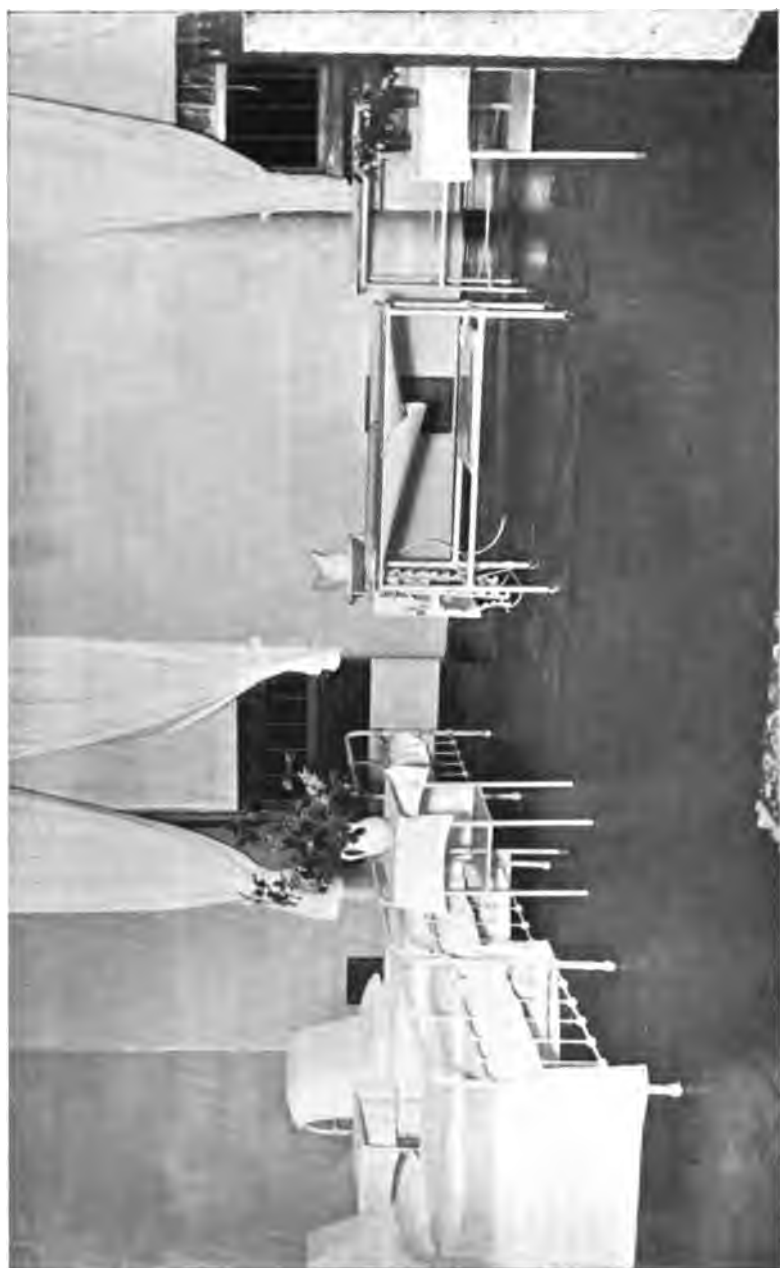
TABLE XXII.

## CAUSES OF DEATH

CAUSES.	MANIA		MELANCHOLIA		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
<b>Mania—</b>							
Acute, with chronic nephritis .....		1					1
Acute, with exhaustion.....	2						2
Acute, with gastro-enteritis.....		1					1
Acute, with organic heart disease.....		1					1
Acute, delirious, with exhaustion.....	1	1					2
Chronic, with acute pleurisy.....	1						1
Chronic, with chronic nephritis.....	1						1
Chronic, with exhaustion.....		2					2
Chronic, with organic heart disease.....		1					1
Chronic, with pneumonia .....		1					1
Chronic, with pulmonary tubercu- losis .....	1	1					2
Epileptic, with status epilepticus.....	1						1
Puerperal, with pneumonia .....		1					1
Recurrent, with organic heart disease.....		1					1
<b>Melancholia—</b>							
Acute, with dysentery.....				1			1
Acute, with exhaustion.....				1			1
Acute, with organic heart disease.....				1			1
Acute, with pneumonia.....			1				1
Chronic, with cerebral hemorrhage.....				1			1
Chronic, with chronic gastritis .....			1				1
Chronic, with chronic nephritis.....				2			2
Chronic, with pulmonary tubercu- losis .....			1	1			2
Stuporous, with dysentery.....			1				1
<b>Dementia—</b>							
Epileptic, with pneumonia.....					1		1
Organic, with cerebral hemorrhage.....						1	1
Paretic, with chronic nephritis .....					2		2
Paretic, with convulsions .....					3		3
Paretic, with entero colitis.....					1		1
Paretic, with exhaustion.....					3	2	5
Primary, with pneumonia.....						1	1
Senile, with cerebral hemorrhage.....					1		1
Senile, with cerebral embolism.....					1		1
Senile, with chronic nephritis.....						1	1
Senile, with erysipelas .....					1		1
Senile, with exhaustion .....					4	1	5
Senile, with organic heart disease.....					1	2	3
Senile, with pneumonia.....					1		1
Terminal, with acute enteritis .....					1	1	2
Terminal, with carcinoma of breast.....						1	1
Terminal, with chronic entero-colitis.....						1	1
Terminal, with chronic nephritis.....					2	2	4
Terminal, with exhaustion.....						1	1







INFIRMARY.—FEMALE DEPARTMENT.

TABLE XXII.—*Continued.*

## CAUSES OF DEATH.

CAUSES	MANIA.		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
Terminal, with lateral and posterior spinal sclerosis.....					1		1
Terminal, with organic heart disease.....						2	2
Terminal, with pulmonary edema.....					2		2
Terminal, with pulmonary tuberculosis.....						3	3
Imbecility, with pulmonary tuberculosis.....						1	1
Imbecility, with epilepsy, with pneumonia.....					1		1
Paranoia, with pulmonary emphysema.....					1		1
Paranoia, with exhaustion.....					1		1
Paranoia, with chronic nephritis.....					1		1
Total.....	7	11	4	7	29	20	78

TABLE XXIII

## SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

YEARS.	Men.	Women.	Total.	Increase.
October 31st, 1876.....	159	183	342	.....
October 31st, 1877.....	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879.....	248	279	527	47
October 31st, 1880.....	277	309	583	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	26
October 31st, 1883.....	330	377	707	40
October 31st, 1884.....	371	374	745	38
October 31st, 1885.....	415	414	829	84
October 31st, 1886.....	415	441	856	27
October 31st, 1887.....	434	439	873	17
October 31st, 1888.....	463	441	904	31
October 31st, 1889.....	427	430	*357	.....
October 31st, 1890.....	450	436	886	29
October 31st, 1891.....	455	443	898	12
October 31st, 1892.....	471	478	949	51
October 31st, 1893.....	509	500	1,009	60
October 31st, 1894.....	520	530	1,050	41
October 31st, 1895.....	511	575	1,116	66
October 31st, 1896.....	538	550	†1,088	.....
October 31st, 1897.....	593	584	1,177	89

\* One hundred patients transferred to Essex County Hospital.

† Eighty-five patients transferred to Hudson County Asylum.

## RESUME.

The Hospital year closed with 1,177 patients—593 males and 584 females—98 more than were in the Hospital at the close of the preceding year. The manner of support of the 1,177 remaining October 31st, 1897, is as follows: One hundred and forty-one are supported by guardians, relatives or friends and are known as private patients; 106 are supported by the State and are known as State indigents and convicts, and 930 are county patients, supported by the respective counties of which they were residents and from which they were committed by the courts.

There were 294 admissions—152 males and 142 females. There was a steady increase in the number of patients from the beginning of the year to September 25th, when the census reached its highest point, the number of patients in the house at that time being 1,189—600 males and 589 females. During the month of October the census declined because of the large number discharged.

Of the 294 admitted, 248 had not previously been patients in this Hospital, while 47 were not first admissions.

Table IV. shows that the decade of life which furnished the greatest number of patients was between the 50th and 60th years.

Table XVI. shows that out of the 73 discharged as cured, 50 were between the ages of 20 and 40, giving proof that youth and early adult life, coupled with the vigor and bodily health usually incident to it, are strong factors in the re-adjustment or restoration of a deranged mind. Those in advanced age gave the greatest number of admissions and yielded the fewest recoveries.

Of the 294 admissions, 117 were born in New Jersey, 70 were born in other parts of the United States and 107 were of foreign birth; 286 were residents of New Jersey and 8 were non-residents. The non-residents were private patients and persons committed as State indigents under a recent law, for whom the courts were unable to fix a legal settlement in the State.

In previous years the number of married persons admitted was much in excess of the unmarried, but in the year just closed the difference is small, there being but four more married than unmarried. The cares and complications incident to married life seem not to have exerted a marked influence in the causation.

The death-rate for the year, computed upon the whole number under treatment, is 5.6 per cent. The number of recoveries during the year is 25 per cent. of the number admitted. The percentage of recoveries is high and the death-rate low; there were 73 recoveries during the year against 67 the previous year, and 78 deaths against 110. Another gratifying record is that but one patient escaped who was not returned to the Hospital.

Table XIII. shows that, aside from mental derangement, a large percentage of the persons admitted were suffering from one or more of the following bodily disorders: Athetosis, 1; atrophied testicle, 2; anæmia, 3; burns, 1; cataract, 2; chorea, 1; chronic pleuritis, 1; cystitis, 1; deformed chest, 1; emphysema, 1; epilepsy, 17; endarteritis, 2; frozen feet, 1; fistula in ano, 1; gonorrhœa, 1; hemiplegia, 3; hernia, 5; inanition, 4; lacerated perinæum, 4; pregnancy, 4; rheumatism, 2; strabismus, 2; syphilis, 7; varicocele, 3; without complications, 188.

In Table XXI. it will be found that those who died were afflicted with the following mental diseases: Acute mania, 5; acute delirious mania, 2; chronic mania, 8; epileptic mania, 1; puerperal mania, 1; recurrent mania, 1; acute melancholia, 4; chronic melancholia, 6; stuporous melancholia, 1; epileptic dementia, 1; organic dementia, 1; parietic dementia, 11; primary dementia, 1; senile dementia, 13; terminal dementia, 17; imbecility, 1; imbecility with epilepsy, 1; paranoia, 3.

#### HOSPITAL CROWDED.

Too much stress cannot be laid upon the dangers and inconveniences incident to the crowding of nearly 1,200 patients into a hospital with only a normal capacity for 800. This serious problem has been presented from year to year in former reports, but no actual relief has as yet been given. The gravity of the situation is too evident to call for elaborate consideration in this report. The Hospital year closed with 1,177 patients, or 377 in excess of its normal capacity. The discontinuation of the work on the new Hospital building was to the resident officers more than a simple disappointment. It meant that we must continue to herd together in dormitories and sleeping-rooms a number of patients regardless of sanitary laws, thus jeopardizing the health and comfort of all concerned; it meant the conversion of a hospital intended for the scientific classification and treatment of its

patients into a place offering hardly more than custodial accommodation; it meant that it would be impossible to entirely separate the violent and vicious from those afflicted with a milder form of mental trouble, thus unavoidably jeopardizing life in a manner more apparent than the violation of sanitary laws. This ignoring all principles of classification and placing dangerous patients with innocent and inoffensive ones necessarily keeps the officers of the Hospital in constant apprehension and fear that its records will be tarnished with a homicide. While the year closed has not such a blot upon its records, this lack of classification and the unavoidable crowding together has resulted in numerous bruises and on more than one occasion the breaking of bones. A fire in an institution is a possibility that is always borne in mind and so far as possible guarded against. Under the most favorable conditions in the event of such a calamity it is an extremely difficult task to remove patients safely. The gravity of the situation can be readily appreciated. We are confronted with wards, dormitories and rooms crowded with patients regardless of classification. Add to these alarming conditions low cots on the main floors of the wards, acting as stumbling-blocks and barriers to rapid egress, and a possibility is presented the reality of which we may be forced to face at any time.

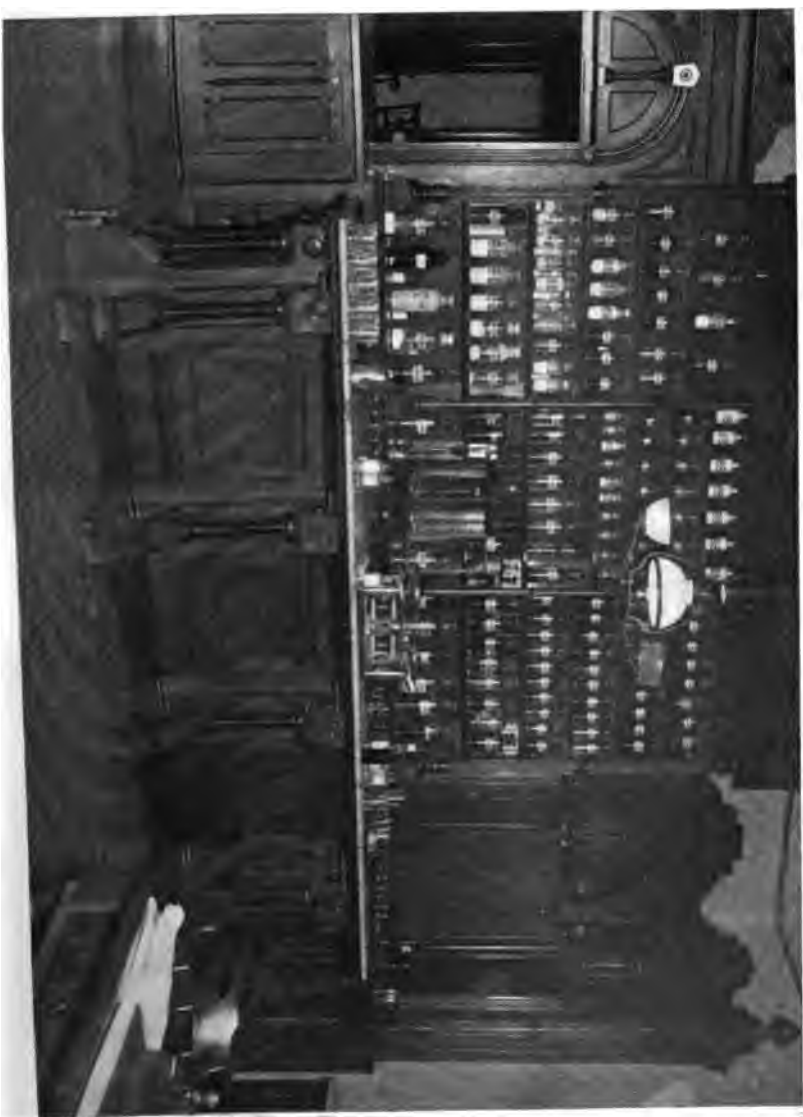
The placing of a large number of patients upon the floors in the corridors has been presented to you in a former report and was exhibited to a committee of the last Legislative Assembly of the State.

#### PATHOLOGICAL WORK.

The work of the pathological laboratory, under the supervision of Dr. Thomas P. Prout, has been energetically and satisfactorily prosecuted during the year. Autopsies have been held in all cases when permission could be obtained from the friends and relatives, but the low death-rate has made the number of autopsies unusually small.

A large number of scientific examinations of blood has been made. This field of work promises much light to the study of mental disease. The study of thyroid treatment of mental diseases has impressed the medical staff with the importance of thorough blood examinations.

Thyroid extract has for years been used in the treatment of myxœdema. The first careful study of its application in the treatment of



DRUG ROOM.



mental diseases was made by Dr. Bruce, of the Royal Edinburgh Asylum, but he adduced nothing to distinguish the class of cases amenable to this treatment. The medical staff of this Hospital began the study of the blood and the making of differential counts in all cases which were to be treated with thyroid extract. By making thorough and scientific examinations before putting the patient upon the treatment, frequently while giving the drug and also after its discontinuance, it was found that it could be determined which cases would improve on thyroid and which would not.

It has also been found that by an examination of the blood, syphilitic complications can be better understood and more intelligently treated.

The result of the year's work in the pathological laboratory has been very gratifying. We have not been discouraged as to the future in this line of investigation, but more thoroughly convinced that it promises and bids fair to give a clearer comprehension of the diagnosis, causation and treatment of mental diseases.

We had hoped that the new building with its pathological rooms would have been completed before this time, giving us accommodations and facilities for this important work which cannot be obtained in the dark, small and inconvenient rooms now occupied.

#### TRAINING SCHOOL.

The training school has entered upon its fourth year; 23 men and 28 women, making a total of 51, have graduated and received diplomas; 19 men and 27 women, or 46 of the 51 graduates, are still in the service of the Hospital.

The character of the work done upon the wards by these nurses has so much improved that it is difficult to understand how we managed in the days when we had no training school.

Our graduates assist in giving instructions in bandaging, dressing wounds and sores, massage, taking temperatures, making records, &c.

With forty-six graduates upon the wards, while one of the two classes is attending lectures, we have an assurance that the work is being properly looked after.

The classes will grow smaller from year to year, the number of graduated nurses upon the wards increase and the ward service proportionately improve as well.



The training-school work has been attended with very gratifying results.

The following is the programme of the graduating exercises of the Class of '97:

PROGRAMME.

Music.....	Hospital Orchestra.
Invocation.....	Rev. Dr. Albert Erdman.
Music .....	Hospital Orchestra.
Report of Year's Work.....	Dr. B. D. Evans.
Address.....	Hon. John C. Eisele.
Music.....	Hospital Orchestra.
Presentation of Diplomas.....	Rev. J. M. Buckley.
Address and Presentation of Prizes.....	Rev. J. M. Buckley.
Music .....	Hospital Orchestra.
Benediction.....	Rev. J. R. Dill.

EMPLOYMENT OF PATIENTS.

The following tables show that 79,359 days' work were done by both male and female patients, inclusive, on the wards, and 35,291 days' work were done by both sexes, inclusive, in the various industrial departments under charge of the Warden, making a total of 114,650 days' work done by patients.

TABLE 1.

NUMBER OF DAYS' WORK DONE BY PATIENTS ON THE WARDS.

DATE.	Men.	Women.	Total.
1896.			
November .....	3,122	2,808	5,930
December .....	3,429	3,038	6,467
1897.			
January .....	3,666	3,003	6,669
February .....	3,307	2,775	6,082
March .....	3,780	2,937	6,717
April.....	3,702	2,820	6,522
May .....	3,939	2,888	6,827
June.....	4,383	2,819	7,211
July .....	4,100	2,951	7,051
August. ....	4,092	2,644	6,736
September .....	3,615	3,013	6,628
October .....	3,404	3,115	6,519
Total.....	44,549	34,810	79,359

TABLE 2

NUMBER OF DAYS' WORK DONE BY PATIENTS IN THE INDUSTRIAL DEPARTMENTS.

DATE.	LAUNDRY.			KITCHEN.			Bakery.	Farm and grounds	Shops.	Sewing-room work.	Total.
	Men.	Women.	Total.	Men.	Women.	Total.					
1896.											
November.....	181	303	484	339	.....	339	48	925	287	445	2,528
December.....	219	344	563	352	.....	352	54	1,078	306	410	2,763
1897.											
January.....	223	324	547	276	.....	276	52	1,060	232	448	2,615
February.....	190	327	517	313	.....	313	48	991	279	358	2,506
March.....	232	406	638	366	.....	366	54	1,073	324	481	2,936
April.....	192	413	605	330	4	334	52	1,230	310	502	3,033
May.....	182	383	565	373	17	390	72	1,286	308	359	2,980
June.....	175	448	623	339	12	351	75	1,335	227	356	2,967
July.....	189	528	717	342	28	370	70	1,360	365	420	3,302
August.....	161	525	686	354	25	379	101	1,192	393	371	3,122
September.....	181	529	710	405	26	431	104	1,183	387	420	3,235
October.....	182	499	681	377	35	412	104	1,164	363	480	3,304
Totals.....	2,307	5,029	7,336	4,166	147	4,313	834	13,877	3,881	5,050	35,291

If the placing of patients in a hospital simply meant that they would be surrounded by the most approved sanitary conditions; that they would be placed in comfortably-furnished rooms and wards; that hygienic measures pertaining to ventilation and diet would be strictly observed, and their mental condition carefully inquired into and appropriate medication prescribed, it would still be far from a rational or scientific treatment of the insane. We must go further and institute means and methods calculated to divert the mind from abnormal channels, and experience has demonstrated the fact that this can be obtained in no better way than by giving the body judicious exercise. Nor can this result be gained by sending patients indiscriminately to amusements or the industrial departments. Amusements, serving as they do to banish "dull care" by replacing painful thoughts with others of a more pleasant character, are a necessary and important adjunct to treatment; add to this a proper amount of that form of exercise or work which employs not only the mind but the body, and we have placed the patient under the most favorable conditions for a return to mental health, assisting nature in her struggle for supremacy by obtaining as near as possible a perfect action of body and mind.

As a rule this employment has proven itself of benefit to the patients as evidenced by mental improvement. The devising of suitable employment for, and the observance of the capacity of each patient individually in conjunction with care not to overtax, nor to allow them to work out of doors in inclement or unsuitable weather, results in great good to the patients, aside from any benefit the Hospital derives from their labor. So much stress has been laid upon the proper employment of patients that many alienists go so far as to judge the efficiency of a hospital and measure the success of its work by the number of patients employed daily in its industrial departments and upon the wards. While a comparatively small number of patients have been employed, owing to the lack of proper facilities, yet the amount of work accomplished by those regularly employed is of greater proportions than is apparent to the casual observer. It is an important item and for that reason has been elaborated in the tabulated statements which show the different grades of work done and the number of days' service rendered.

As stated, it requires care in the selection of work suited to each case, and still further tact and intelligence in getting the patients themselves interested in the work laid out for them. The primary consideration should always be the welfare of the patients rather than the amount of work which can be obtained from them. The work should be assigned each patient according to his or her physical condition, ability and natural inclinations. The proper utilization of such labor to the benefit or profit of the Hospital is wholly legitimate and with no objectionable features when carried on within proper bounds.

#### EPILEPTICS.

In the last annual report I called your attention to the large number of epileptics in this Hospital. There were at the close of the Hospital year covered by the twenty-first annual report, 82 epileptics. The year covered by this report closes with 92 epileptics in the house. The unfortunate phase of this problem is found in the fact that practically no hope can be offered in the treatment of epileptics in a hospital for the insane. Once in such a hospital it may be safely said that the epileptic will remain there until removed by death. Epilepsy so positively and seriously affects the mind that when mental perversion is present sufficient to demand the placing of a person so afflicted





3-1 WARD.—FEMALE DEPARTMENT.

in a hospital for the insane, the outlook is practically for progressive mental deterioration only. The presence of epileptics jeopardises both the interests of the convalescent insane and the epileptics themselves, and when it is possible their treatment and management in separate institutions is always advisable.

#### INFECTIOUS DISEASES.

Infectious and contagious diseases are always to be dreaded in a hospital for the insane. To have an epidemic in this Hospital, crowded as it is, would amount to a calamity; every bed and every room being occupied, it would be next to impossible to establish a satisfactory and effective isolation. Located so near large centers of population where infectious and contagious diseases are present throughout the year, our reason for apprehension is apparent and the need of a building for contagious diseases is impressed upon us with all the more force.

I am able to report that we had no epidemic in the Hospital this year. Two male attendants had measles in a mild form, but by isolating them in their rooms the spread of the disease was prevented.

Two female patients were afflicted with a fever presenting pronounced symptoms of typhoid, but an examination of the blood failed to give the Widal reaction and no other cases developed.

A child in the family of the upholsterer, whose place of residence is about five hundred yards in the rear of the Hospital building, was attacked with scarlet fever. A strict quarantine of the house and a close observance of quarantine regulations prevented the spread of the disease.

The cases of fever which I have mentioned will serve to direct attention to the fact that the Hospital is in great need of protection by the erection of a building set apart specially for infectious and contagious diseases.

#### CONVICTS AND CRIMINALS.

Since this subject was fully set forth in the last annual report, it is unnecessary that it should be discussed at length in this one, except to make record that the criminals and convicts have given us much trouble during the year and have made frequent attempts to escape, one dangerous convict succeeding.

The construction of three strong rooms for the most turbulent and troublesome convicts in that part of the male department known as the "Section" has added to our facilities for controlling them, but these rooms only accommodate three persons. To construct a number of rooms sufficient to prevent this class of patients from escaping would mean to give a large part of the house the appearance of a prison, and would then fail to protect the other patients from the disorganizing and contaminating influences of such association. Nothing short of the construction of a building, especially set apart for the criminal and convict insane, will satisfactorily solve the problem.

#### AMUSEMENTS.

It gives me pleasure to record the steady progress made in providing healthful outdoor diversions and amusements for the patients.

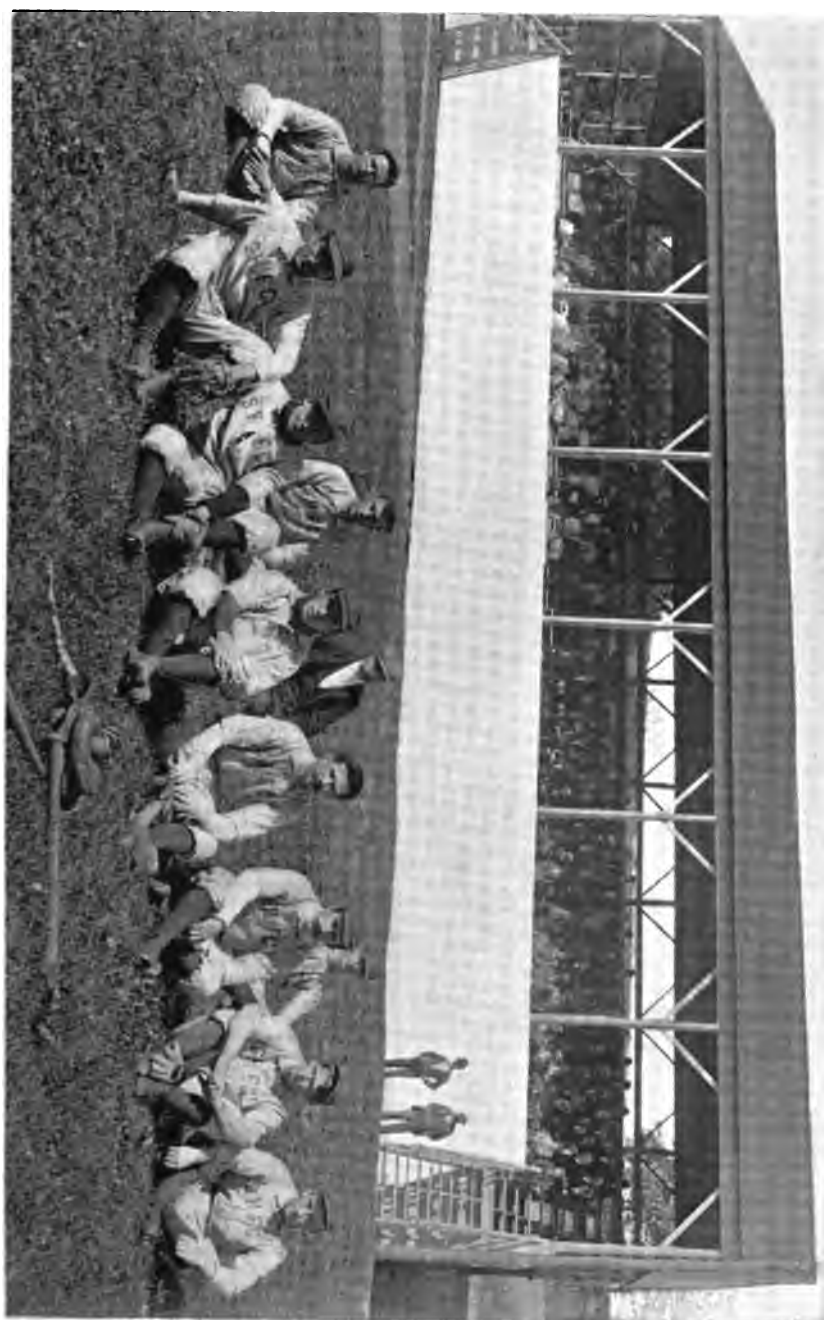
The outdoor sports prove helpful in many ways to participants and spectators. They induce patients who would otherwise remain in their rooms to go out into the open air and sunshine; their minds are in this way diverted from their vagaries; their rooms when vacated are subjected to sanitary influences and made more healthful.

Our patients take much interest in the base-ball contests and tennis games and are benefited by them. The erection of the grand stand, with a seating capacity for about 500 persons, is a decided acquisition to the amusement department of our work. It enables us to get a larger number of patients out to see the games and gives us a supervision over them we could not heretofore command.

The indoor amusements, such as weekly dances, card parties, billiards, &c., have received much attention and still retain their popularity.

Occasional theatricals and musicales are given during the winter months and always to appreciative audiences. To one not intimately acquainted with the care and treatment of the insane the entertainments may seem to be an unimportant matter. They are potent factors in the treatment of our patients and are indispensable in a well-conducted hospital for the insane.

The construction of a bowling alley under the new base-ball grand stand would afford much invigorating and healthful exercise and entertainment to the patients during the season when outdoor sports cannot be carried on.



NEW BASE BALL GRAND STAND.





The building of a pavilion near the Hospital, where afternoon dances, musicales, band concerts, &c., can be held, would be a long-needed acquisition. In the warmer months of the year these entertainments have to be discontinued indoors, and in rainy weather the patients are deprived of band concerts. Such a building would not be expensive and would greatly add to the comfort and pleasure of the patients.

#### RELIGIOUS SERVICES.

Religious worship has been held in the Hospital chapel every Sunday afternoon throughout the year. The following clergymen have regularly conducted the services :

Rev. Dr. Albert Erdman, Presbyterian, Morristown.

Rev. Geo. P. Eckman, Methodist, Morristown.

Rev. S. Z. Batten, Baptist, Morristown.

Rev. A. M. Egan, Roman Catholic, Morris Plains.

Rev. William Fryling, Presbyterian, Morris Plains.

Rev. Dr. T. I. Coultas, successor to Rev. Geo. P. Eckman, has officiated on the Sunday set apart for Methodist worship since his arrival in Morristown. Rev. Dr. Norman Fox conducted the religious services one Sunday when Dr. Erdman was unable to be present.

All of these, as well as other clergymen in Morristown, have exhibited a willingness to respond to calls from the Hospital and give religious advice and consolation to the patients.

The funeral ceremonies over the indigent dead have been conducted by Rev. Father Egan and Rev. Mr. Pannell in all cases where the friends and relatives have not taken charge of the remains.

There were no changes in the medical staff during the year.

Mr. Howard M. Smith, house druggist, resigned and Dr. J. H. Crosby was appointed to the position and has acceptably performed the duties thereof.

The work of my assistants has been characterized by uniform loyalty to the Hospital. They have had many onerous duties and trying problems in the performance of their duties, and have at all times manifested commendable skill and ability. Their work has been highly gratifying to me.

I am pleased to acknowledge the courtesies received at the hands of the Warden and the department over which he presides.

Respectfully submitted,

B. D. EVANS, M.D.,

Medical Director.

Morris Plains, N. J., October 31st, 1897.

#### DONATIONS.

The Hospital gratefully acknowledges the receipt of the following contributions and courtesies :

November 14th, 1896, medical magazines and other periodicals from Dr. H. A. Buttolph, Short Hills, N. J.

December 24th, 1896, medical journals from Dr. Romeo F. Chabert, Hoboken, N. J.

December 31st, 1896, medical journals from Dr. H. A. Buttolph, Short Hills, N. J.

February 24th, 1897, gratuitous entertainment by the Young Men's Catholic Association Dramatic Club of Morristown.

February 26th, 1897, package of magazines from Mrs. Roscoe Lyon and Mrs. G. E. Kissell, of Morristown, N. J.

March 18th, 1897, large package of magazines from the Memorial Hospital of Morristown, N. J.

July 14th, 1897, package of periodicals from Miss Canfield, Morris Plains, N. J.

August 2d, 1897, large box of books and paper-covered novels, presumably from Mr. W. K. Thorne, Newport, R. I.

August 6th, 1897, package of magazines from Mrs. Roscoe Lyon, Morristown, N. J.

The following is a list of newspapers which have been regularly sent to the Hospital gratuitously, and are always welcome and appreciated :

The Observer.....	West Hoboken.
The Jersey City News.....	Jersey City.
The Evening Journal.....	Jersey City.
The New Jersey Staats Zeitung.....	Jersey City.
The Evening News.....	Hoboken.
The Bayonne Budget.....	Bayonne.
The Kearny Observer.....	{ Kearny and Arlington.

Hudson County Review.....	Town of Union.
Hunterdon County Democrat.....	Flemington.
Hunterdon Independent.....	Frenchtown.
Home Visitor.....	Flemington.
The Clinton Democrat.....	Clinton.
The Lambertville Record.....	Lambertville.
The Newark Sunday Call.....	Newark.
Town Talk.....	Newark.
New Jersey Trade Review.....	Newark.
New Jersey Deutsche Zeitung.....	Newark.
Newark Evening News.....	Newark.
South Orange Bulletin.....	South Orange.
Newark Tribune.....	Newark.
Newark Pioneer.....	Newark.
The Bloomfield Record.....	Bloomfield.
The Bloomfield Citizen.....	Bloomfield.
The Newark Item.....	Newark.
The Orange Journal.....	Orange.
Orange Sonntagsblatt.....	Orange.
The Short Hills Item.....	Short Hills.
The Advance.....	Jamesburg.
Southwestern Presbyterian.....	New Orleans, La.
Paterson Volks Freund.....	Paterson.
De Telegraaf.....	Paterson.
Paterson Evening News.....	Paterson.
Passaic Daily News.....	Passaic.
Passaic City Record.....	Passaic.
The Union County Standard.....	Westfield.
Westfield Leader.....	Westfield.
The Constitutionalist.....	Plainfield.
The Daily Press.....	Plainfield.
The Summit Herald.....	Summit.
The Summit Record.....	Summit.
Elizabeth Daily Journal.....	Elizabeth.
Union County Record.....	Elizabeth.
Freie Presse.....	Elizabeth.
The Jersey Advocate.....	Bahway.
The Hackensack Republican.....	Hackensack.
The Bergen County Index.....	Hackensack.
The Englewood Times.....	Englewood.
Bergen County Herald.....	Rutherford.
Carlstadt Freie Presse.....	Carlstadt.
Hunterdon Republican.....	Flemington.
Democrat-Advertiser.....	Flemington.
The Milford Leader.....	Milford.
The Frenchtown Star.....	Frenchtown.
The Morris County Chronicle.....	Morristown.
The True Democratic Banner.....	Morristown.
The Evening Express.....	Morristown.

The Jerseyman.....	Morristown.
The Iron Era .....	Dover.
The Dover Index.....	Dover.
The Madison Eagle.....	Madison.
The Rockaway Record.....	Rockaway.
The Boonton Weekly Bulletin.....	Boonton.
The New Jersey Herald.....	Newton.
The Post.....	Phillipsburg.
The Warren Republican.....	Hackettstown.
The Warren Tidings.....	Washington.
The Warren Journal.....	Belvidere.
The Washington Star.....	Washington.
Warren Democrat .....	Phillipsburg.
The Morning Call.....	Paterson.
Paterson Daily Press.....	Paterson.
The Paterson Daily Guardian.....	Paterson.



TENNIS COURTS.



---

---

**REPORT OF**  
**Thomas P. Prout, M.D., Resident Pathologist.**

---

---

(71)





## REPORT IN PATHOLOGY.

---

### *To the Medical Director :*

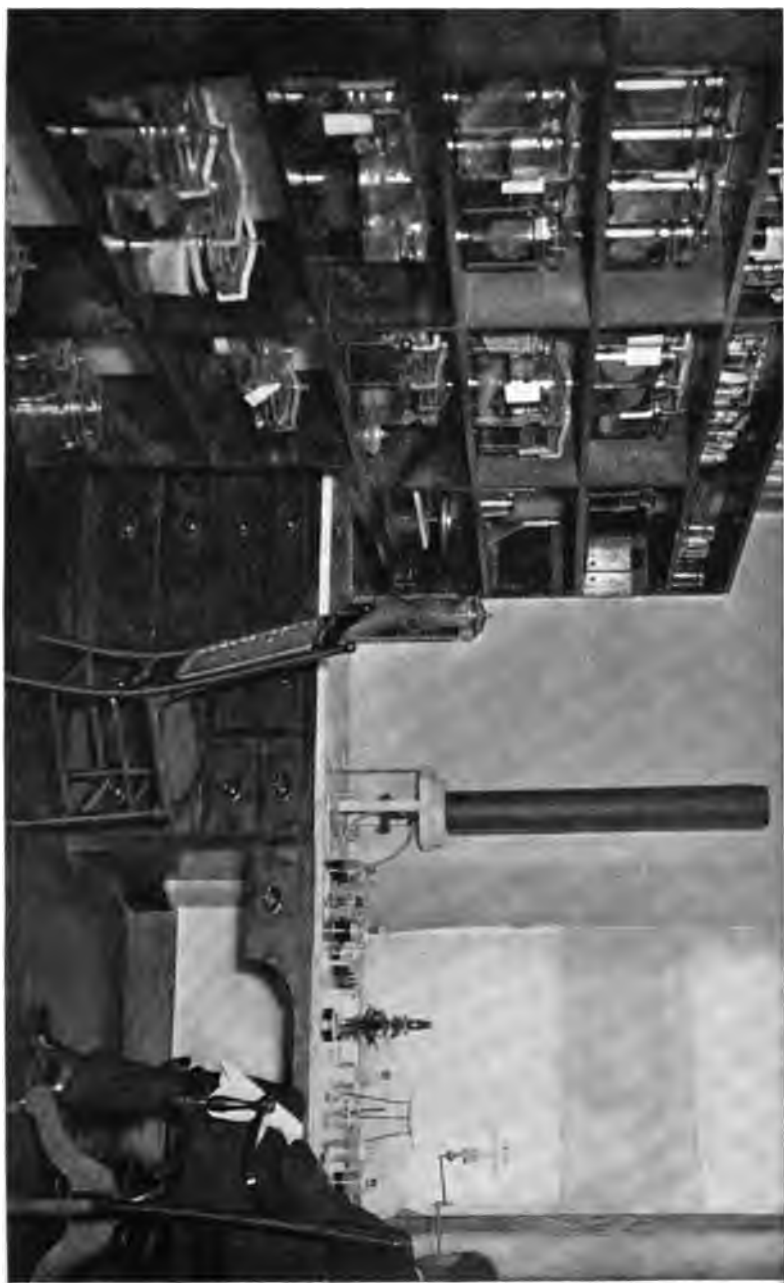
Eleven autopsies are comprised in this report. It is unfortunate that more post mortem material is not available, for the facts gathered from an autopsy are always valuable as statistics. During the past year we have been unable in many instances to obtain permission from the friends for an autopsy when such would have been highly interesting, and this, together with a low death-rate, has influenced the number of autopsies. However, it has given opportunity for work in another direction which otherwise could not have been done. In addition to the routine laboratory work, about two hundred complete blood examinations in various forms of mental disease have been made. This work is as yet incomplete and will not be published for some time.

I am convinced that the best work that can be done in a pathological laboratory of a hospital for the insane is along these lines, supplemented by a few autopsies to keep our ideas from becoming too much narrowed by a single closely-followed routine. The pathology of the future is the pathology of the living tissues and while post mortem findings are of much importance, if we are unacquainted with at least some of the conditions obtaining during life, the knowledge of post mortem pathological states will be of little value. In fact, pathological findings are of value only in proportion as they lead up to a knowledge of states existent in the living body and the phenomena accompanying life. Considered from this standpoint, therefore, the number of autopsies during the past year is not only enough, but more than enough for careful study. As was mentioned at the outset, however, I am fully aware of the statistical value of a large number of autopsies.

The statistical facts in regard to the autopsies are given in the following tables :

TABLE I.

Number.	Sex	Age.	Mental Disease.	Duration.	Anatomical Diagnosis.
226	M	76	Dementia, senile.....	4 years....	Localized cerebral softening. Chronic endocarditis. Chronic hepatic congestion. Chronic diffuse nephritis.
227	M.	65	Mania, chronic.....	2 years....	Pulmonary oedema. Chronic pleuritis. Chronic parenchymatous nephritis. Chronic hypertrophic splenitis. Chronic interstitial hepatitis with portal thrombosis.
228	M.	35	Melancholia, chronic.	7 years ...	Fatty infiltration of heart. Chronic gastritis with foreign bodies in stomach.
229	F.	80	Dementia, senile.....	1 month...	Chronic endocarditis. Chronic hepatic congestion. Chronic diffuse nephritis with cystic degeneration of the kidneys.
230	M.	40	Dementia, terminal..	18 years....	Acute pulmonary oedema. Cerebral congestion.
231	M.	67	Mania, chronic.....	2½ years...	Acute pleuritis with effusion. Fatty degeneration of the heart. Chronic hepatic congestion. Chronic diffuse nephritis.
232	M.	41	Melancholia, chronic.	11 years....	Subacute miliary tuberculosis. Chronic hepatic congestion.
233	F.	65	Melancholia, acute..	4 months..	Pulmonary tuberculosis. Fatty infiltration of the heart. Chronic diffuse nephritis.
234	M.	72	Dementia, senile.....	5 years...	Hypostatic pneumonia. Chronic endocarditis. Chronic pleuritis.
235	F.	36	Paresis.....	1 yr. 9 m..	Chronic diffuse nephritis. Chronic meningo encephalitis.
236	F.	70	Mania, chronic. ...	23 years....	Chronic diffuse nephritis. Pulmonary oedema Multiple fibromata of uterus



**PATHOLOGICAL DEPARTMENT.**



TABLE II.

Number.	GROSS LESIONS OF ORGANS.	Brain membranes.	GROSS APPEARANCE OF BRAIN.		
			Consistence.	Blood supply.	Other conditions.
	<i>Dementia, Senile.</i>				
226	Lungs—Pleural surfaces adherent. Heart—Large. Mitral and aortic valves thickened and calcareous. Wall of right ventricle thin and fatty. Liver—Congested (passive) Gall bladder contains inspissated bile and gall stones. Gall duct impervious. Kidneys—Capsule very thin. Substance of increased consistence. Cortex thin. Striations obliterated.	Pia congested.	Diminished.	Anæmic....	{ Areas of localized softening. Convulsions atrophied. Cortex thin.
229	Heart—Mitral valve thickened. Aortic valve thickened and calcareous. Muscle flabby and fatty. Liver—Congested (passive) Kidneys—Capsules adherent. Cortex thin. Cystic. Stomach—Dilated.	Dura thickened. Pia, œdematous and opaque.	Diminished..	Normal.....	{ Convulsions atrophied; areas of localized softening. Cortex thin.
234	Lungs—Pleural surfaces slightly adherent. Marked hypostatic congestion in lower lobe Heart—Aortic valve thickened.	Normal .....	Diminished..	Normal.	
	<i>Dementia, Terminal.</i>				
236	Lungs—Very œdematous.	Both much congested...	Diminished..	Congested.	

TABLE II.—CONTINUED.

Number.	GROSS LESIONS OF ORGANS.	Brain membranes.	GROSS APPEARANCE OF BRAIN.		
			Consistence.	Blood supply.	Other conditions.
	<i>Mania, Chronic.</i>				
227	Lungs—Oedematous. Pleural surfaces adherent. Tubercular scars in apices. Heart—Dilated. Fatty. Liver—Small. Thrombus in portal vein. Increased consistence. Enlarged. Kidneys—Striations obliterated. Diminished consistence.	Dura anæmic. Pia oedematous .....	Diminished..	Anæmic....	{ Cortex thinned. Convulsions atrophied.
231	Lungs—Congested. Right completely carnified. Pleural surfaces adherent. Cavity filled with exudate and fibrin. Heart—Fatty deposits in heart muscle. Wall of right ventricle very thin. Mitral valve thickened. Kidneys—Surface roughened. Substance of increased consistence. Striations poorly defined.	Dura adherent to brain and skull. Calcareous deposits. Pia oedematous.	Normal .....	Normal .....	{ Slight atrophy of convulsions in the frontal region.
236	Lungs—Hypostatic and oedematous posteriorly. Heart—Old vegetation on aortic valve. Fatty infiltration. Kidneys—Small. Surface roughened. Cortex thin. Capsule adherent. Striations poorly defined.	Dura very adherent to skull. Pia very oedematous .....	Diminished..	Normal .....	{ Cortex thin. Convulsions atrophied. Cerebro-spinal fluid in excess.

TABLE II.—CONTINUED.

Number.	GROSS LESIONS OF ORGANS.	Brain membranes.	GROSS APPEARANCE OF BRAIN.		
			Consistence.	Blood supply.	Other conditions.
	<i>Melancholia, Acute.</i>				
233	Lungs—Old tubercular nodules. Glands at root enlarged. Pleural surfaces adherent. Heart—Muscle infiltrated with fat Kidneys—Small. Capsules adherent. Cortices thinned Striations poorly defined. Consistence increased.	Slightly thickened.....	Diminished..	Normal.....	{ Convulsions in frontal region much atrophied. Cortex thin.
	<i>Melancholia, Chronic.</i>				
228	Heart—Slight fatty infiltration. Stomach—Walls thickened. Covered with thick layer of mucus Congested.	Pia very oedematous .....	Diminished..	Anæmic.....	{ Convulsions coarse and atrophied in the frontal region.
232	Lungs—Filled with miliary tubercles Cavities in both apices. Liver—Congested (passive)	Pia presents a hemorrhagic membrane on inner surface.....	Diminished..	Anæmic.....	{ Convulsions show some atrophy in frontal region. Cortex thinned.
	<i>Paresis</i>				
235	Liver—Slightly fatty. Spleen—Very small. Kidneys—Surface roughened Cortex thin Striations poorly defined.	Dura congested. Pia thickened, oedematous, opaque and adherent to brain surface .....	Increased....	Normal.....	{ Cortex very thin and extreme atrophy of some of the convulsions.



The additional facts of interest are presented in few words. The average age at death was nearly 59 years, and the average duration of mental disease was about six years and nine months.

In seven of the autopsies there was a gross kidney lesion, a percentage of 63.6. This is slightly below the percentage for last year, which was 66.6.

If we reproduce last year's table bearing on this subject which gave the percentage of gross kidney lesions by ages for the three years previous and make additions to it for the past year, the relative frequency of kidney lesions in the insane as shown by the 100 autopsies during the past four years will appear as follows:

AGE.	No.	Showing gross kidney lesion.	Without gross kidney lesion.	Per cent. showing gross kidney lesion.
Below 30.....	14	6	8	42.8
30 to 40.....	15	9	6	60.0
40 to 50.....	25	18	7	72.0
50 to 60.....	18	11	7	61.1
60 and over.....	28	23	5	82.1
Total .....	100	67	33	67.0

As a matter of fact, the percentages are very little changed from those appearing in the table last year.

## MICROSCOPICAL APPEARANCES.

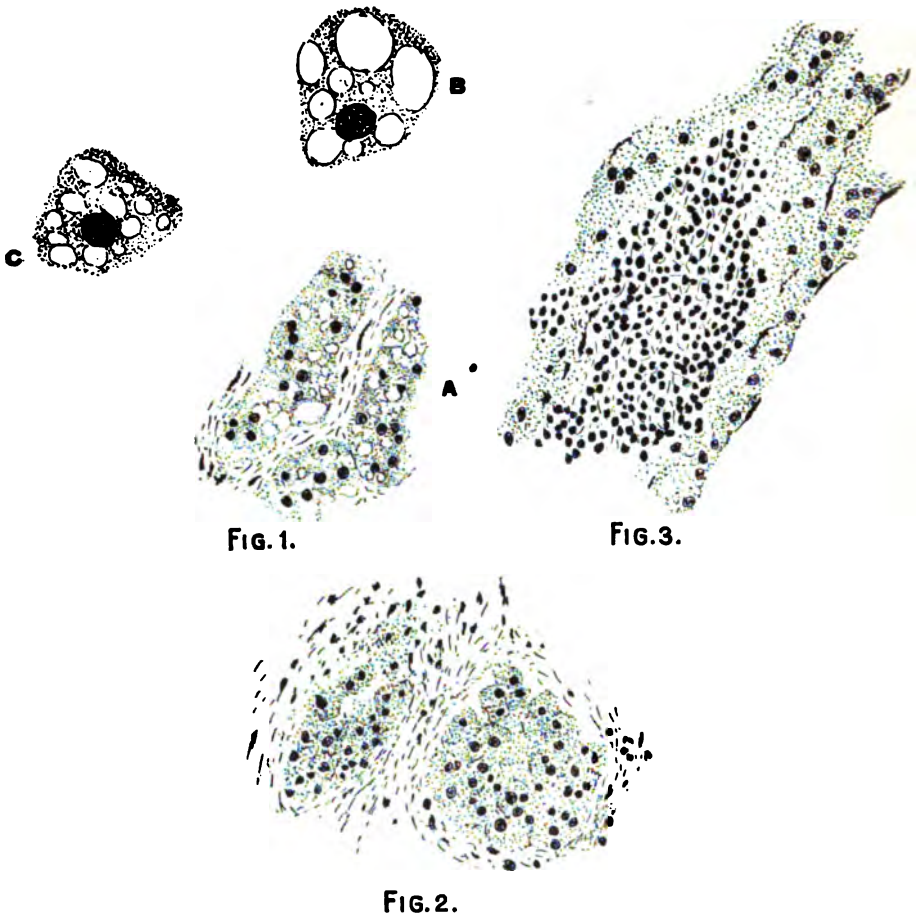
### SUPRARENAL BODIES.

During the year some attention has been given to the microscopical appearances of the suprarenal capsules. In the light of present knowledge these bodies can no longer be considered mere foetal relics, but organs whose function is of great importance in the animal economy. A number of facts have recently been presented which indicate an importance of these organs to the central nervous system. Dr. H. D. Rolleston in the Gouldstonian lectures for 1895 calls attention to the fact that these bodies have been found absent in a number of anencephalics and hemicephalics ("British Medical Journal," March 23d, 30th and April 6th), and Alexander\* has been able to associate

\* Quoted by Rolleston.



# PLATE I.



*Fig. 1—Fatty degeneration of the cortical portion of the suprarenal body. Zeiss D D. Oc. No. 1.*

*A and B individual cells from the same general area. Zeiss 1/12. Oc. No. 1.*

*Fig. 2—Suprarenal capsule, interstitial inflammation of the cortex. Zeiss D D. Oc. No. 1.*

*Fig. 3—Suprarenal capsule, round cell infiltration. Zeiss D D. Oc. No. 1.*

*(All drawings made by aid of Abbe camera lucida.)*

atrophy of the suprarenal bodies with an abnormally developed brain and spinal cord. In these cases of mal-development of the central nervous system he inclines to the opinion that the primary lesion is in the suprarenal bodies. Tizzoni\* records severe lesions in the brain and spinal cord as a result of their removal. In this connection it will be of interest to mention an anencephalic monstrosity recently sent to this laboratory in which I was unable to demonstrate the existence of suprarenal bodies after careful examination. Schaefer and Oliver have demonstrated the existence in the suprarenal bodies of a substance having a decided effect upon the heart, diminishing its action and increasing the arterial tension, an effect, it will be observed, almost the opposite of that produced by thyroid extract. All these facts point to these bodies as possessed of a function of importance.

*Fatty Degeneration.*—All the autopsies of the past year presented a condition of more or less fatty degeneration of the suprarenal bodies. In most instances this was extensive, involving the cortical portion of the capsule and in not a few instances the medulla also. The distribution of the fatty areas was irregular. In many instances the cells in the outermost portion of the cortex were quite evenly involved, in other instances considerable portions of the whole cortex showed fatty degeneration extending over a considerable area. The extent to which the individual cells were involved varied, some presenting one or two fat droplets, others presenting a degenerative change so extensive as to cause the whole section to present a honeycombed appearance. A decided difference in the character of the fatty changes was apparent in different cases. When the degeneration was less in amount the fat droplets were very small and not appreciable, except with an immersion lens. With a low power these areas presented a very granular appearance. On the other hand, when the degenerative change was more extensive the fat droplets were much larger and considerable areas presented no well-formed cells, their places being taken by fat.

A moderate degree of fatty degeneration is shown in Fig. 1, Plate I. In this case the low-power picture (A) fails to show the real extent of the fatty change, and it is only when we observe the individual cells slightly amplified (B and C) that we appreciate the real condition of the tissues. The two shown in the plate were taken from the same general area as the low-power picture, and I may add that they were not specially selected. In the case from which the drawings were made the fatty changes were so extensive that the connective tissue

\*Quoted by Rolleston.

stroma was plainly visible throughout large portions of the cortex and the cells were practically distended with fat globules. In large portions of the cortex also the parenchyma cells had practically disappeared.

I am aware of the fact that a moderate degree of fatty degeneration of this organ is often found post mortem after middle life, and writers on the subject are quite agreed that this fatty condition is not inconsistent with a state of health; but while a slight fatty change is perhaps no more inconsistent with a state of health than, for example, the slight fatty change found in the liver (which latter condition can be demonstrated in the vast majority of cases past middle life), nevertheless I think it questionable if an extensive degree of fatty degeneration of these organs can be considered any more consistent with perfect health than an extensive degree of fatty degeneration of the liver. I am led to use the liver as an analogue because in the light of recent investigation the functions of the liver and the suprarenal bodies are analogous, both probably furnishing important internal secretions to the animal economy.

In a few instances I have had opportunity to examine the suprarenal bodies in individuals dying in a state of apparent health. In all a slight fatty change was demonstrable, but in no instance have I found extensive fatty changes such as have been present in some of the autopsies of the past year. I have also had opportunity to examine the suprarenal bodies in many of the lower animals, but in every instance they have failed to show fatty changes in any but the slightest degree, and in the majority they were entirely absent.

*Absence of the Pigmented Layer.*—An apparent diminution in the number of pigmented cells, amounting in some instances almost to their complete disappearance, was a condition not infrequently accompanying the fatty change. In these instances the fatty change seemed to involve the layer of pigmented cells quite extensively, and cells in the cortical portion were found presenting a slight yellowish-red tinge, indicating the possible assumption of the function of the pigmented layer of cells by other cells in the cortex. In one case—autopsy 227—the pigmented cells were diminished in number and many seemed in a condition of granular disintegration. This condition was apparent only in the neighborhood of an extensive fatty deposit, but the diminution in the pigmented cells was positive.

It is interesting to note in this connection that the cortical cells of

the brain showed extensive pigment deposits; pigment was scattered throughout the brain substance and in the neighborhood of the vessels, many of the cells of which were loaded with pigment granules. The function which some authorities incline to ascribe to the suprarenal bodies as pigment destroyers, raises the interesting question as to whether or not the extensive pigment deposits in the brain (and other organs) and the lesion in the suprarenal bodies bear any relation to each other. In this particular instance the evidence is not positive because of the existence of portal thrombosis which, consequently, seriously involved the liver.

*Interstitial Capsulitis.*—Fig. 2, Plate I. A number of the cases presented quite an extensive increase in the connective tissue, especially marked in the outer portion of the cortex. The case from which the drawing was made (autopsy 233) presented this condition in addition to an extensive fatty deposit in certain portions of the cortex. In one instance there was passive congestion, the venous spaces in the medullary portion of the capsule being dilated and filled with blood. In all instances showing an increase in the interstitial connective tissue of any degree there was evident pressure and consequent distortion of the adjacent cells of the parenchyma. In some portions the newly-formed tissue presented a loose, spongy appearance, and its development in every instance seemed to be downward from the fibrous capsule surrounding the organ.

*Round Cell Infiltration.*—It remains to mention this condition as not infrequently met with; in fact an occasional area similar to the one shown in Fig. 3, Plate I., was found in a majority of the autopsies. These areas were not usually extensive, and in number they varied from one to four or five in a section.

#### BRAIN.

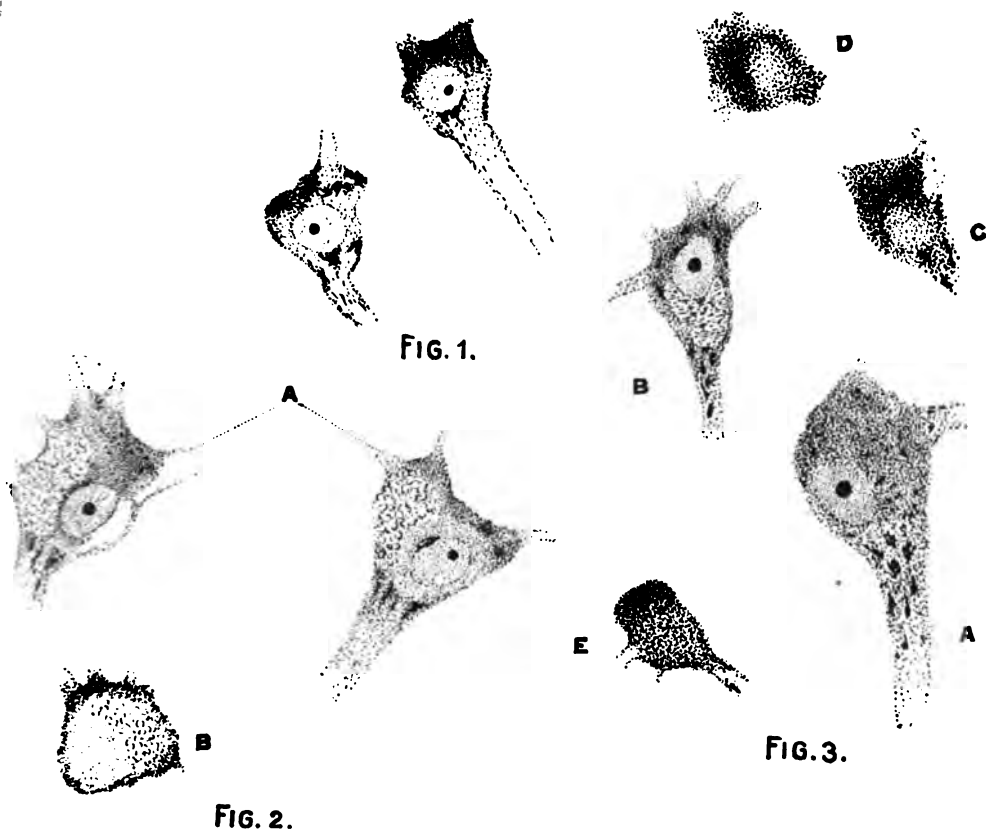
*Fatty Degeneration of the Cortical Neuron.*—I am led to discuss this subject briefly, first, because of its frequency as a lesion in senile and terminal dementia, and second, because, in the case from which the drawings were made, it occurred as a lesion of acute melancholia. The patient, a female aged sixty-five years, having been perfectly well mentally, up to about four months before her death, was admitted to this institution two weeks after the beginning of the attack. She

deteriorated rapidly, both mentally and physically, and died after a mental illness of four months.

The cortical cells presented an extreme condition of fatty degeneration, most marked in the frontal region of both sides, but by no means confined to these areas. The drawings were made from cells in the right frontal region and are fairly representative of the condition of the cortical neurons (Fig. 2, Plate II.) The fatty changes occurred with great regularity in the larger portion of the body of the neuron, and often appeared intimately associated with the nucleus. In a few instances the nucleus seemed to be actually involved in the fatty process. Small fat globules were also frequently found distributed through other portions of the body of the neuron. A marked destruction of the chromatin bodies was apparent throughout the whole cortex. In examples such as those from which the drawings were made (Fig. 2, Plate II.) these granules were absent or ill-defined, or apparently disintegrated, an even blue stain pervading considerable portions of the neuron. In not a few instances the body of the neuron presented a washed-out appearance, all granules being absent. In cells presenting this latter condition, it was common to find the nucleus deeply stained, but this condition was not universal; instances in which the nucleus was lightly tinged or presented a normal appearance being quite common. This was especially true of a number of bodies in the motor regions of both sides. Cells in a condition of complete degeneration were common. These presented an appearance similar to the body represented in Plate II., Fig. 2, B, the nucleus having entirely disappeared together with the chromatin bodies, a mass of fat occupying a considerable portion of what remained of the body of the neuron. Many of these were entirely devoid of chromatin granules, presenting a very light tingeing with blue stain, the whole body being greatly rarefied; in others an occasional chromatin body was identified in the peripheral portion of these degenerated cells.

*Pigmentary Degeneration*—This condition was developed to an extreme degree in autopsies 227 and 234. In the latter (a case of senile dementia) it was accompanied by various degrees of degenerative states in the cell, all of which may represent different phases of the same condition. Fig. 3, Plate II, A, represents a phase of degeneration in which the chromatin granules are beginning to disappear, there being but a slight deposit of pigment. The upper portion of the body of the neuron is in this instance diffusely and quite

## PLATE II.



*Fig. 1—Normal nerve cells from rabbits brains. Zeiss 1/12. Oc. No. 1.*

*Fig. 2—Fatty degeneration of the body of the cortical neuron.*

*B shows also a destruction of the nucleus and chromatin bodies. Zeiss 1/12. Oc. No. 1.*

*Fig. 3—Various stages of pigmentary degeneration in the body of the neuron.*

*A disintegration of chromatin bodies, B an extensive pigment deposit, C D and E phases of complete degeneration. Zeiss 1/12. Oc. No. 1.*

*(All drawings made by aid of Abbe camera lucida.)*





evenly stained, with here and there a granular mass apparently belonging to the chromatin bodies. Fig. 3, Plate II., B, represents a cell showing an extreme deposit of pigment; here some of the chromatin bodies seem to be still intact. Cells C, D and E of the same figure present a condition of complete degeneration, the chromatin bodies being absent and the nucleus having disappeared from all. The degenerative process seems to be more complete in E, where no trace of a nucleus is visible. In C and D the area occupied by the nucleus is still visible, although its outline cannot be determined. In these cells no pigment granules were visible. As previously mentioned, all of these conditions may be various stages of a single degenerative process. I incline to the opinion that they are, although it is a matter difficult of proof.



---

---

## BY-LAWS, FORMS, ETC.

---

---

(85)



# EXTRACTS FROM THE BY-LAWS.

---

## ADMISSION OF PATIENTS.

---

### ORDER OR WARRANT FILED.

1. Whenever a patient is sent to the Hospital by the order of any court, justice or judge, the order or warrant, or a copy thereof, by which such person is sent, shall be lodged with the Medical Director.

### CLEANLINESS.

2. Each patient, before admission, shall be made perfectly clean, and be free from vermin or any contagious or infectious disease.

### CLOTHING FOR MEN.

3. Each male patient shall be provided with at least two shirts, a new and substantial coat, vest and pantaloons, of strong woolen cloth, two pairs of socks, a black cravat, a good hat or cap, and a pair of new shoes or boots, together with a comfortable outside garment.

### CLOTHING FOR WOMEN.

4. Each female patient, in addition to the same quantity of undergarments, shoes and stockings, shall have a flannel petticoat, two good dresses, also a cloak or other outside garment. In case the patient is so much excited as not to admit of being thus clothed, other clothing that can be kept on, that is comfortable and in sufficient quantity, with a change thereof, may be substituted.

It is very desirable that extra and better apparel should be sent with those accustomed to it, that when they become better, and when

they attend religious worship, walk or drive out, their self-respect may be preserved.

In all cases the patient's best clothing should be sent; it will be carefully preserved, and only used when deemed necessary for the purposes above mentioned.

#### **JEWELRY, ETC.**

5. Jewelry and all superfluous articles of dress, knives, etc., should be left at home, as they are liable to be lost.

#### **HISTORY OF CASE.**

6. A written history of the case should be sent with the patient, and, if possible, some one acquainted with him should accompany him to the Hospital, from whom minute, but often essential, particulars may be learned.

#### **BOND, ETC.**

7. A bond, with satisfactory sureties, will be required for the payment of the board and expenses, and for the removal of the patient when discharged, of all persons except those sent at the expense of the counties.

Those who bring friends should be prepared to give such a bond, and, if strangers, bring evidence of their responsibility.

# REQUIREMENTS FOR ADMISSION OF PATIENTS TO THE STATE HOSPITALS OF NEW JERSEY.

---

## PRIVATE PATIENTS.

The admission of a private or pay patient requires the certificates of two physicians, whose signatures must be sworn to before a Notary Public or other proper officer of the law; one written request for admission signed by a near relative or the guardian of the patient, which need not be sworn to; a bond signed by two responsible property owners, one of which (preferably both) must be a resident of, and own property in, the State of New Jersey. It is not necessary that the bond be sworn to, the signatures may be simply witnessed.

Thirteen (13) weeks' board and medical attention must be paid for at the time of the admission of the patient, and quarterly, in advance, thereafter. These requirements must be met before the patient can be admitted.

The rates range from five dollars (\$5) to fifty dollars (\$50) per week, which includes medical attention, board, room and washing. No private patients are admitted for less than five dollars (\$5) per week. No patient not a resident of New Jersey will be admitted for less than ten dollars (\$10) per week.

All the necessary blanks for the admission of private patients will be promptly forwarded upon application to the Medical Director.

When practicable, a visit to the institution and a personal interview with its officers previous to completing arrangements is advised.

## INDIGENT PATIENTS.

For the admission of indigent patients application must be made to the Judge of the Court of Common Pleas of the county in which the indigent insane person resides.



The Prosecutor of the Pleas or the Chosen Freeholder of the township may be consulted for further details.

The court officers will furnish all necessary papers for the commitment of the indigent insane.

The visiting hours are between 10 A. M. and 4 P. M. on all days except Sundays. No visiting on Sundays.

All the above regulations have been established by statute and the Board of Managers, and cannot be changed by local officers.

Communications and inquiries relative to patients, if directed to the Medical Director, will receive prompt attention.

The forms of requests, bonds, certificates, etc., are appended.

# FORMS AND DIRECTIONS

## FOR THE ADMISSION, ETC, OF INDIGENT AND PAUPER INSANE PATIENTS.

---

### FORMS OF ORDER, ETC., FOR JUDGE.

I, A. B., one of the Judges of the Court of Common Pleas of the county of.....and State of New Jersey, do hereby report that application has been made to me on behalf of C. D., a resident of the township (ward or borough) of.....in said county, alleged to be insane and in indigent circumstances (or a pauper, as the case may be), and that pursuant to the act of the Legislature in such cases made and provided, I have called before me Dr....., a respectable physician, and other credible witnesses, to wit (state their names), and having examined them and fully investigated the case, and not deeming it necessary to call a jury, I do hereby decide and certify that satisfactory proof has been adduced before me showing the said C. D. to be an insane person, and that.....has not sufficient estate to support .....under said visitation of insanity.

Given under my hand at.....in the county and State aforesaid, this.....day of.....in the year of our Lord one thousand eight hundred and.....

A. B.

### CERTIFICATE OF PHYSICIAN.

.....County, ss.—I, A. B., being duly sworn according to law, do certify and declare that I have examined into the state of health and mental condition of C. D., of the township (ward or borough) of.....in said county of.....and that I am of the opinion that .....is insane.

A. B., *Physician.*

(91)

Sworn and subscribed before me this.....day of.....A. D.  
18...

A. B., *Judge, &c.*

The Chosen Freeholder or Freeholders of the township, ward or borough must then indorse the above order and certificate as follows : "Approved," and sign his or their names as the Chosen Freeholder or Freeholders of the township (ward or borough) of.....and county of.....

CERTIFICATE OF THE COUNTY CLERK.

State of New Jersey, }  
..... County, } ss.

I, A. B., Clerk of the county of..... do hereby certify that the foregoing is a true copy of the report and certificate of.....one of the Judges of the Court of Common Pleas of said county, in the case of.....and also the certificate of Dr.....thereunto appended, as filed in my office; that the foregoing is a true copy of the indorsement thereon, and that A. B. and C. D., whose name.....signed to the said indorsal of approval.....member of the Board of Chosen Freeholders of said township (ward or borough) in said county, and that said signature.....in.....proper handwriting.

In witness whereof, I have hereunto set my hand and seal of office, at.....this.....day of.....A. D. 18...

A. B., *Clerk.*

# FORMS AND DIRECTIONS

## FOR THE ADMISSION, ETC., OF PRIVATE INSANE PATIENTS.

---

### FORM OF REQUEST.

The undersigned, of the.....of.....in the county of.....is desirous of placing in the "New Jersey State Hospital at Morris Plains, N. J.," and hereby requests the admission therein of.....a resident of the.....of.....who is aged.....years, and has been..... is a native of.....in the State of.....and is.....of the undersigned.

Dated.....189...

### \*FORM OF PHYSICIAN'S CERTIFICATE.

.....18...  
I, ....., physician, of the township of.....in the county of .....do certify under oath that I have examined into the state of health and mental condition of.....of the township of.....in the county of.....and that.....is, in my opinion, insane, and a fit subject to be sent to the New Jersey State Hospital.

Sworn to and subscribed before me this.....day of.....A. D. 189...  
.....

### FORM OF BOND.

Whereas.....of.....in the county of.....an insane person, has been admitted as a patient into the "New Jersey State Hospital at Morris Plains, N. J.;" now, therefore,

---

\* Two certificates are necessary.

We, the undersigned, in consideration thereof, jointly and severally bind ourselves to.....Treasurer of said Hospital, to pay to him and his successors in office, the sum of.....dollars and.....cents per week for the care and board of said insane person, as long as..... shall continue in said Hospital, with such extra charges as may be occasioned by.....requiring more than ordinary care and attention ; and also to provide..... with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for..... by the Warden of the Hospital ; and to remove.....from the Hospital whenever the room occupied by.....shall be required for a class of patients having preference by law, or whenever.....shall be required to be removed by the Managers ; and also to pay all expenses incurred by the Managers or Warden in sending said patient to.....friends, in case one or either of us shall fail to remove said patient when required to do so as aforesaid ; and if.....shall be removed at the request of.....friends before the expiration of six calendar months after reception, then to pay board for twenty-six weeks unless..... shall be sooner cured ; and also to pay, not exceeding fifty dollars, for all damages.....may do to the furniture or other property of said Hospital, and for reasonable charges in case of elopement, and funeral charges in case of death ; such payments for board and clothing to be made quarterly, in advance, from date of admission, and at the time of removal, with interest on each bill from and after it becomes due.

In witness whereof, we have hereunto set our names this.....day of.....in the year 18...

Name,

Residence,

P. O. Address.

Name,

Residence,

P. O. Address.

Signed and sealed in the presence of.....

---

---

## CONTENTS.

---

---

(95)



# CONTENTS.

	PAGE
Managers, Board of.....	3
Resident Officers.....	5
Board of Managers' report.....	7-14
County asylums.....	13, 14
Essex .....	13
Hudson.....	13
Passaic .....	14
Treasurer's report.....	15-17
Supervising Architect's report.....	19, 20
Warden's report.....	21-29
Pianos.....	25
Boilers.....	25
Stone walks .....	25
Grand stand.....	26
New barn and sheds.....	26
Dairy.....	27
New reservoir.....	27
Farm and garden.....	28
Ditching and improvement to farm lands.....	28
Requirements .....	29
Abstract of accounts.....	31, 32
Appendix to Warden's report.....	33-39
Farm and garden products .....	33, 34
Cut flowers and plants furnished.....	35, 36
Fruits canned and preserved.....	36
Articles made in sewing-room.....	36, 37
Work done in mattress-room.....	37, 38
Work done in tin shop.....	38, 39
Medical Director's report.....	41-68
Admissions, re-admissions, discharges and deaths.....	43
Monthly admissions, discharges and averages.....	44
Number of attack of those admitted.....	44
Age when admitted .....	45
Nativity of parents.....	46
Place of residence.....	47
Civil condition.....	47
Occupation—Males.....	48
Females.....	48
Form of disease.....	49



	PAGE
<b>Medical Director's report—Continued.</b>	
How supported.....	49
Alleged causes of insanity.....	50
Complications developed.....	51
Heredity.....	52
Duration of disease before admission.....	52
Age when attacked of those restored.....	53
Duration before admission of those restored.....	53
Duration of treatment of those restored.....	54
Form of disease of those restored.....	54
Age at death.....	55
Form of disease of those who died.....	55
Causes of death.....	56, 57
Yearly increase of population since opening of institution.....	57
Resume.....	58
Hospital crowded.....	59
Pathological work.....	60
Training school.....	61
Employment of patients.....	62-64
Epileptics.....	64, 65
Infectious diseases.....	65
Convicts and criminals.....	65, 66
Amusements.....	66, 67
Religious services.....	67, 68
Acknowledgments.....	68-70
<b>Report of the Resident Pathologist.....</b>	<b>71-83</b>
Report in pathology..	73-83
Microscopical appearances.....	78-83
Suprarenal bodies.....	78-81
Brain..	81-83
<b>By-Laws, forms, &amp;c.....</b>	<b>85-94</b>
Admission of patients.....	87, 88
Requirements for admission of patients.....	89, 90
Private patients.....	89
Indigent patients.....	89, 90
Forms and directions.....	91-94
Admission of indigent and pauper insane patients.....	91, 92
Admission of private insane patients.....	93, 94

STC 185  
V 53  
M 87  
UNIV. OF MICH.  
JUL 18 1907  
C-11 8-5  
V 5

TWENTY-THIRD ANNUAL REPORT

OF THE

Managers and Officers

OF

The New Jersey State Hospital at Morris Plains

FOR THE YEAR ENDING OCTOBER 31ST,

1898.

---

TRENTON, N. J.:

THE JOHN L. MURPHY PUBLISHING CO., PRINTERS.

1898.



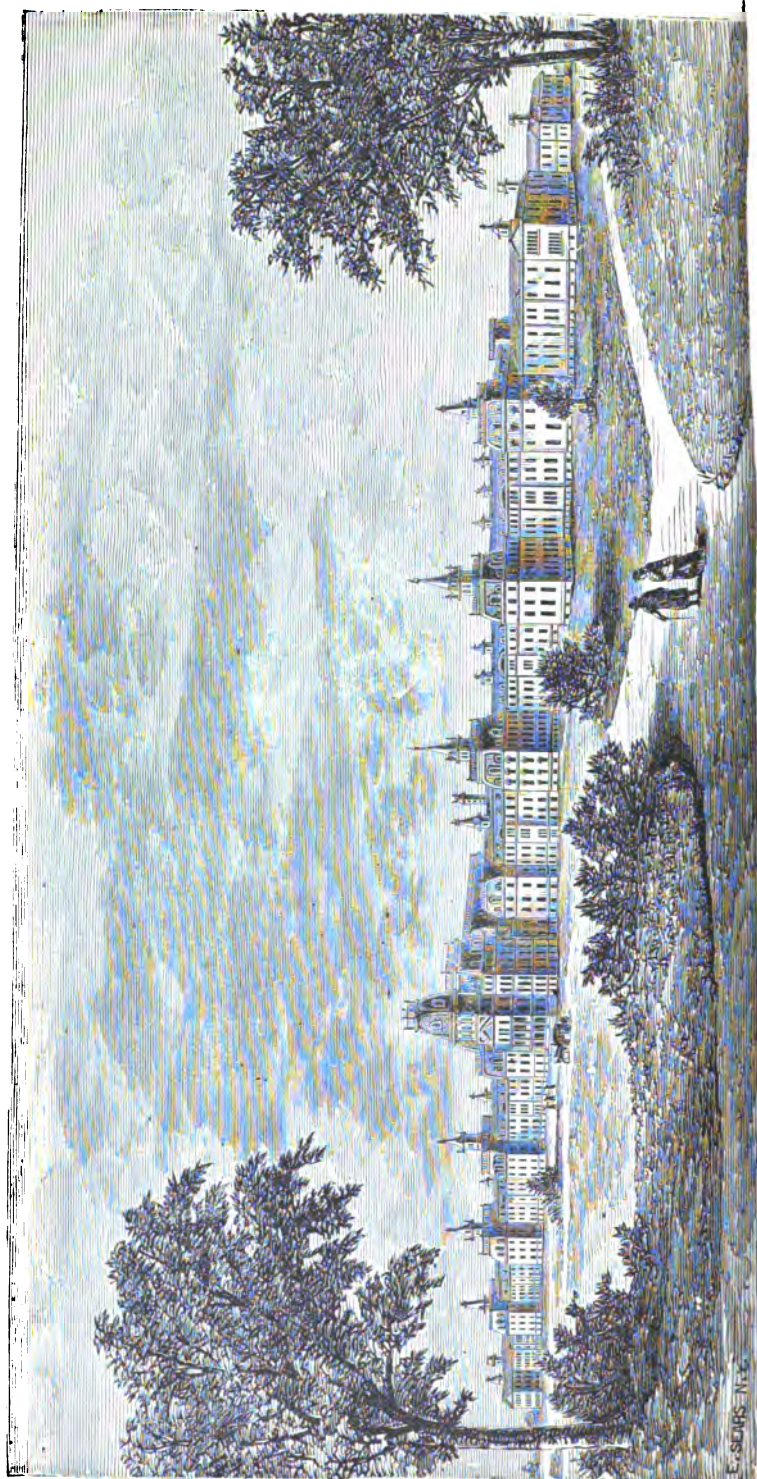




E. SEARS N.Y.













# TWENTY-THIRD ANNUAL REPORT

OF THE

## Managers and Officers

OF

# The New Jersey State Hospital at Morris Plains

FOR THE YEAR ENDING OCTOBER 31ST,

1898.



TRENTON, N. J.:

THE JOHN L. MURPHY PUBLISHING CO., PRINTERS.

139°.



## MANAGERS.

---

### PRESIDENT.

GEORGE RICHARDS, . . . . . Dover.

### VICE PRESIDENT.

PATRICK FARRELLY, . . . . . Morristown.

JAMES M. BUCKLEY, D.D., . . . . . Morristown.

ROMEO F. CHABERT, M.D., . . . . . Hoboken.

JOHN C. EISELE, . . . . . Newark.

JOHN A. MCBRIDE, . . . . . Deckertown.

DAVID ST. JOHN, M.D., . . . . . Hackensack.

JAMES W. SMITH, M.D., . . . . . Paterson.



## RESIDENT OFFICERS.

---

### MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D.,	.	.	.	Medical Director.
ELIOT GORTON, M.D.,	.	.	.	Assistant Physician.
THOMAS P. PROUT, M.D.,	.	.	.	{ Second Assistant Physician and Pathologist.
PETER S. MALLON, M.D.,	.	.	.	
ARTHUR S. CORWIN, M.D.,	.	.	.	Fourth Assistant Physician.

---

### BUSINESS DEPARTMENT.

MOSES K. EVERITT,	.	.	.	.	.	Warden.
GUIDO C. HINCHMAN,	.	.	.	.	.	Treasurer.

(5)



# REPORT OF THE BOARD OF MANAGERS OF THE NEW JERSEY STATE HOSPITAL AT MORRIS PLAINS.

---

*To His Excellency David O. Watkins, Acting Governor of New Jersey :*

The Board of Managers of the State Hospital at Morris Plains, in compliance with the requirements of the law, respectfully submit their report for the fiscal year ending October 31st, 1898, being the twenty-third annual report of this institution.

There has been no change in the personnel of the Board of Managers since the last report. They are as follows: George Richards, President; Patrick Farrelly, Vice President; James M. Buckley, D.D., Romeo F. Chabert, M.D., John C. Eisele, John A. McBride, David St John, M.D., James W. Smith, M.D.

The regular meetings of the Board, required by law, have been held and the visits to the county and private asylums of this hospital district have been made. The reports of the Medical Director, Warden and Treasurer of the institution are herewith submitted, and set forth in detail the operations of their respective departments.

Numerous repairs, such as have been necessary to keep the buildings and premises in good condition, have been made, the most important improvement being the laying of four and six-inch water mains from the new reservoir, which gives an increased pressure to the fire service and supplies the new building which is being constructed.

Much attention has been given to the improvement of lands for farming purposes, which has amply repaid the efforts by increased crops, besides furnishing employment for the inmates of the Hospital. This class of labor has also been employed in the improvement of the roads and in keeping the grounds in splendid condition.



Attention is also called to the dairy, which is carried on upon sanitary principles, insuring to the Hospital a supply of good, pure milk.

There has been but one change in the staff of resident officers; that was occasioned by the resignation of Dr. M. L. Perry, who after four years of service resigned his position as Fourth Assistant Physician. The vacancy caused by Dr. Perry's resignation was, after a competitive examination, filled by the election of Dr. Arthur S. Corwin, of Madison, N. J.

In accordance with an act passed by the last Legislature appropriating \$50,000 available prior to October 31st, 1898, and \$100,000 after October 31st, to complete the central portion and north wing of the new building, we have proceeded with the work and expended the first available appropriation. The contracts for the work have been made with the approval of the Hon. Foster M. Voorhees, Acting Governor. We have been seriously handicapped and put to additional cost during the progress of this work, which might have been avoided if the building could have been completed under one appropriation. With the completion of this wing and center building, accommodating 300 patients, the seriously-crowded condition of the male department of the old building will be relieved, but the female department, which now contains over 600 patients, with a normal capacity of 400 will remain just as badly crowded and as much a subject for legislative consideration as before. We earnestly hope that your Excellency will recommend an appropriation sufficient to complete the south wing for the female patients, thus finishing the new building. At the close of the Hospital year, October 31st, 1897, there were in the institution 1,177 patients, an increase of 59. On September 29th, the census of the Hospital was 1,253, which is 76 more than there were in the Hospital on October 31st, 1897. This steady increase in population shows, in a most forcible manner, the necessity of an early completion of the building under construction. In previous reports we called attention to the great danger of overcrowding from the fact that the Hospital was originally built to accommodate 800, and we now have 436 more than that number.

In our last report we referred to the epileptics in this institution, of which there are 96. This class of patients is very undesirable in a hospital for the insane. We congratulate the State upon the action of the last Legislature in arranging for the establishment of a village for epileptics, which in course of time may be

expected to largely relieve the State Hospitals of this class of patients. The Medical Director in his report deals with the subject of criminal and convict insane, of whom there are 79 in this Hospital, with 65 in the Trenton State Hospital. The Board cannot better express its sense of the need of legislative action upon this subject than to quote from the report of the Medical Director, which is as follows: "The presence of this class of patients in this and similar institutions causes constant apprehension to the officials and is a menace to the welfare of the institution as well as to the comfort, discipline and safety of other patients who have to associate with them.

"It is a source of much concern and embarrassment to the many friends and relatives that there should even be a probability of the innocent insane in whom they are interested having to come in contact with convicts. Among the large number of relatives and friends of our patients are many of the State's noblest and best citizens.

"There is but one solution of this perplexing problem and that is to be found in placing all the convict and criminal insane in a building set apart especially for them. It would not impose upon the State an additional burden. The State supports them now in the State Hospitals; it would then care for them in a building properly equipped to prevent escape and thus work a great good to society at large, as well as to the innocent insane.

"The building should be located at or near the State Prison grounds, thus rendering transfers to and from it convenient."

Owing to our overcrowded condition we have several times warned the Legislature that the institution was liable to an outbreak of contagious diseases, and though every precaution had been taken, on February 4th scarlet fever made its appearance in one of the wards and soon two attendants and eight patients were attacked with this disease, the highly-contagious nature of which caused serious apprehension that it might spread through all the wards, but with a rigid enforcement of the most modern methods of disinfection and the isolation of the patients in a hurriedly-improvised cottage in the rear of the building its spreading was prevented.

We are indebted to the Managers of the Memorial Hospital at Morristown for the relief which they gave us by admitting the first case into their institution.

After more than four years' experience with the training school for nurses we are more confident than ever in our estimate of the useful-

ness and value of such a school in connection with the work of caring for the insane.

We refer your Excellency to the Medical Director's report on this subject for further details relative to its operation. Not only has the school been the means of supplying the hospital with a better service, but at the time of urgent need it supplied the United States Army with eighteen efficient nurses.

The death-rate of the institution for the past year was 5.2 per cent. of the number under treatment, which was four-tenths per cent. lower than in the preceding year. There were 64 recoveries, which is more than 25 per cent. of the number admitted during the year. Of the 255 admitted, 187 were suffering from the first attack, 46 from the second, 11 from the third, 5 from the fourth, 1 from the fifth, and 5 from the sixth. There have been treated in the Hospital since its opening on the 17th of August, 1876, to October 31st, 1898, 5,171 patients; 1,107 have been discharged as restored, 945 as improved, 421 as unimproved, 1,445 died and 17 escaped from custody, of which 12 were convicts and one criminal, which leaves remaining in the Hospital 1,236, the greater number of whom are suffering from progressive forms of insanity, many of them being necessarily classed as incurable.

In former reports we have recommended the enactment of a law relating to the commitment of patients to all institutions or retreats for the care of the insane, which would insure a careful inquiry into the particulars of each case to be committed, and which would define the qualifications of the physicians making the certificates of insanity. The last Legislature approved this recommendation and passed an act which embodies the suggestions of the Joint Committee representing both State Hospitals.

The rules regulating visits to the Hospital have been revised, the reasons for and details of which are set forth in the Medical Director's report.

The location and number of private asylums in this hospital district is the same as last year, namely, four, situated respectively in Paterson, Morristown, Plainfield and South Orange.

## COUNTY ASYLUMS.

*Essex County Asylum.*

This institution is situated in Newark, N. J., on South Orange avenue, and is in charge of L. S. Hinckley, M.D., with a staff of three physicians, assisted by a dispensary clerk. It contains 784 patients, of whom 332 are males and 452 females. In the male department there are 20 attendants and 1 supervisor; 17 on day duty and 3 on night, an average of 1 attendant to 20 patients. In the female department there are 31 attendants with 1 supervisor; 28 on day duty and 3 on night duty, or 1 attendant to 15 patients on day service; also 1 school teacher for a day school for patients. Total number of persons employed is 95.

The building is well arranged and well kept. Many needed improvements have been made during the past year, notably the plumbing, which is being changed and renewed in accordance with the most modern sanitary principles. While the institution is very much overcrowded some relief will soon be afforded by the opening of their new building at Overbrook, which will accommodate about 250 patients. For this work the Board of Freeholders and Superintendent Hinckley are to be commended, as they are sparing no efforts to put this institution on a par with the best State Hospitals.

*Hudson County Asylum.*

There are in this institution 520 patients—207 males, 313 females. Dr. George W. King is the Resident Physician and Superintendent. There are 24 day attendants employed, 12 males and 12 females, which gives an average of about 1 male attendant to every 17 patients and 1 female attendant to every 24 patients.

There has been no change in the management or the regulations during the year. The interior of the building has been painted and the grounds and surroundings have been improved by the aid of patients' labor.

*Passaic County.*

The City Almshouse in which the insane are kept is under a joint management of the Board of Aldermen and Freeholders, having a superintendent, John Donnelly, who conducts the affairs of the institution to the best of his ability with the limited means allowed.

There is no resident physician, but the City Physician visits the institution daily.

Number of inmates at this date, 28 females and 9 males.

GEORGE RICHARDS,  
PATRICK FARRELLY,  
JOHN A. McBRIDE,  
JOHN C. EISELE,  
JAMES W. SMITH, M.D.,  
JAMES M. BUCKLEY,  
DAVID ST. JOHN, M.D.,  
ROMEO F. CHABERT,  
Board of Managers.





MAIN BUILDING.

---

---

## REPORT OF THE MEDICAL DIRECTOR.

---

---

(18)





# REPORT OF THE MEDICAL DIRECTOR.

*To the Board of Managers :*

GENTLEMEN—I herewith submit to you the twenty-third annual report of the Medical Department of The New Jersey State Hospital at Morris Plains.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING  
OCTOBER 31ST, 1898.

	Men.	Women.	Total.	Men.	Women.	Total.
In the Hospital October 31st, 1897.....	.....	.....	.....	593	584	1,177
Patients admitted—						
First admission.....	102	110	212	.....	.....	.....
Not first admission.....	24	19	43	.....	.....	.....
Total admitted during the year.....	.....	.....	.....	126	129	255
Total number of patients under treatment during the year.....	.....	.....	.....	719	713	1,432
Patients discharged—						
Restored.....	33	31	64	.....	.....	.....
Improved.....	12	17	29	.....	.....	.....
Unimproved.....	13	13	26	.....	.....	.....
Died.....	41	34	75	.....	.....	.....
By elopement.....	2	.....	2	.....	.....	.....
Total discharged and died.....	.....	.....	.....	101	95	196
Remaining in the Hospital.....	.....	.....	.....	618	618	1,236
Of this number there are, Public.....	542	548	1,090	.....	.....	.....
Private.....	76	70	146	.....	.....	.....
Total.....	.....	.....	.....	618	618	1,236
Whole number admitted from August 17th, 1876, to October 31st, 1898.....	.....	.....	.....	2,685	2,486	5,171
Whole number discharged during the same period of time—						
Restored.....	565	542	1,107	.....	.....	.....
Improved.....	465	480	945	.....	.....	.....
Unimproved.....	199	223	421	.....	.....	.....
Died.....	821	624	1,445	.....	.....	.....
By elopement.....	17	.....	17	.....	.....	.....
Total.....	.....	.....	.....	2,067	1,868	3,935
Remaining October 31st, 1898.....	.....	.....	.....	618	618	1,236

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1897.									
November.....	7	15	22	5	5	10	591.95	587.18	1,179.13
December.....	13	9	22	3	5	8	599.61	594.75	1,194.36
1898.									
January.....	13	10	23	5	2	7	607.31	599.12	1,206.43
February.....	7	14	21	6	5	11	612.00	609.00	1,221.00
March.....	7	12	19	8	8	16	610.78	612.00	1,222.78
April.....	11	9	20	6	9	15	613.24	617.42	1,230.66
May.....	14	8	22	13	12	25	614.11	615.20	1,229.31
June.....	7	12	19	8	9	17	613.77	611.53	1,225.30
July.....	12	15	27	9	10	19	616.13	616.52	1,232.65
August.....	11	10	21	6	9	15	620.68	622.22	1,242.90
September.....	13	9	22	13	6	19	620.50	624.50	1,245.00
October.....	11	6	17	17	15	32	622.62	621.41	1,243.43
Total.....	126	129	255	99	95	194			
For the year.....							611.84	610.90	1,232.74

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

ATTACK.	Men.	Women.	Total.
First .....	92	95	187
Second .....	27	19	46
Third .....	4	7	11
Fourth.....	2	3	5
Fifth .....		1	1
Sixth.....	1	4	5
Total.....	126	129	255

TABLE IV.

AGE WHEN ADMITTED.

AGE.	Men.	Women	Total.
Under fifteen years.....	1	2	3
Fifteen to twenty years.....	6	12	18
Twenty to twenty-five years.....	20	10	30
Twenty-five to thirty years.....	11	16	27
Thirty to thirty-five years.....	16	18	34
Thirty-five to forty years.....	11	13	24
Forty to forty-five years.....	16	14	30
Forty-five to fifty years.....	14	7	21
Fifty to sixty years.....	13	14	27
Sixty to seventy years.....	8	13	21
Seventy to eighty years.....	6	7	13
Eighty years and over.....	4	3	7
Total.....	126	129	255

TABLE V.

NATIVITY OF THOSE ADMITTED.

NATIVITY.	Men.	Women.	Total.
Connecticut.....	2	1	3
Illinois.....	1	2	3
Maine.....	1	.....	1
Maryland.....	.....	1	1
Massachusetts.....	.....	1	1
Minnesota.....	.....	1	1
Mississippi.....	.....	1	1
New Jersey.....	47	51	98
New York.....	21	17	38
North Carolina.....	2	1	3
Pennsylvania.....	2	2	4
South Carolina.....	1	.....	1
Virginia.....	.....	2	2
Austria.....	4	.....	4
England.....	5	8	13
France.....	1	1	2
Germany.....	17	9	26
Holland.....	.....	2	2
Ireland.....	13	17	30
Italy.....	2	.....	2
Poland.....	1	2	3
Russia.....	1	1	2
Scotland.....	2	5	7
Sweden.....	2	1	3
Switzerland.....	1	3	4
Total.....	126	129	255

TABLE VI.

## RESIDENCE OF THOSE ADMITTED.

COUNTIES.	Men.	Women.	Total.
Bergen.....	10	13	23
Essex .....	16	18	34
Hudson.....	24	9	33
Middlesex .....	2	1	3
Monmouth.....		1	1
Morris.....	13	23	36
Passaic .....	25	22	47
Somerset.....	1		1
Sussex.....	1	5	6
Union.....	23	24	47
Warren .....	6	9	15
New York, N. Y.....	5	4	9
Total .....	126	129	255

TABLE VII.

## CIVIL CONDITION OF THOSE ADMITTED.

CIVIL CONDITION.	Men.	Women.	Total.
Single .....	61	59	* 120
Married .....	51	48	99
Widowed .....	14	22	36
Total .....	126	129	255

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

OCCUPATION.	Men.	Women.	Total.
Artisans.....	29	4	33
Broker.....	1	.....	1
Carpenters.....	6	.....	6
Clerks.....	21	6	27
Clergyman.....	1	.....	1
Farmers.....	5	.....	5
Housewives.....	.....	39	39
Housekeepers.....	.....	15	15
Laundress.....	.....	1	1
Lawyer.....	1	.....	1
Laborers.....	20	.....	20
Merchants.....	8	.....	8
Mechanics.....	15	.....	15
Mariners.....	5	.....	5
Nurses.....	.....	2	2
Seamstresses.....	.....	2	2
Servants.....	2	15	17
Teachers.....	1	5	6
Students.....	2	1	3
No occupation.....	9	39	48
Total.....	126	129	255

TABLE IX.

FORM OF MENTAL DISEASE OF THOSE ADMITTED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute.....	19	23	42
Mania, acute delirious.....		1	1
Mania, chronic.....	8	8	16
Mania, epileptic.....	1	1	2
Mania, puerperal.....		2	2
Mania, recurrent.....	1	7	8
Mania, toxic (alcoholic).....	10	1	11
Melancholia, acute.....	29	31	60
Melancholia, agitata.....	3	2	5
Melancholia, chronic.....	15	2	17
Melancholia, recurrent.....		5	5
Dementia, epileptic.....		4	4
Dementia, organic.....	1	3	4
Dementia, parietic.....	7	4	11
Dementia, senile.....	9	10	19
Dementia, terminal.....	2	6	8
Imbecility.....	2	1	3
Imbecility with epilepsy.....		4	4
Circular insanity.....	1		1
Adolescent insanity.....	3	2	5
Pubescent insanity.....	5	5	10
Paranoia.....	10	7	17
Total.....	128	129	255

TABLE X.

MANNER OF SUPPORT OF THOSE ADMITTED.

HOW SUPPORTED.	Men.	Women.	Total.
State.....	28	17	45
County.....	63	80	143
Private.....	35	32	67
Total.....	126	129	255

TABLE XI.

## ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

CAUSES.	Men.	Women.	Total.
<i>Physical.</i>			
Congenital .....	1	.....	1
Cerebral hemorrhage.....	2	1	3
Cerebral tumor.....	.....	1	1
Childbirth .....	.....	8	8
Epilepsy.....	1	9	10
General ill-health.....	1	2	3
Heredity.....	20	24	44
Injury .....	5	3	8
Intemperance and other excesses.....	15	3	18
La grippe.....	1	2	3
Masturbation.....	4	1	5
Menopause .....	.....	1	1
Old age.....	5	8	13
Overwork.....	2	2	4
Puberty .....	2	1	3
Pregnancy .....	.....	1	1
Sunstroke .....	3	.....	3
Surgical operation.....	1	.....	1
Syphilis .....	1	.....	1
Total physical.....	64	67	131
<i>Moral.</i>			
Business troubles.....	2	.....	2
Domestic troubles.....	.....	4	4
Disappointed affections.....	2	1	3
Financial reverses.....	1	.....	1
Grief.....	2	.....	2
Religious excitement.....	3	2	5
Worry.....	3	10	13
Total moral.....	13	17	30
Total physical.....	64	67	131
Total moral.....	13	17	30
Unassigned .....	49	45	94
Total .....	126	129	255



TABLE XII.

## COMPLICATIONS OF THOSE ADMITTED.

COMPLICATIONS.	Men.	Women.	Total.
Anæmia.....	4	1	5
Arrhythmia.....	3	.....	3
Bradycardia.....	1	.....	1
Bulbar paralysis.....	.....	1	1
Carcinoma of breast.....	.....	1	1
Chronic bronchitis.....	2	.....	2
Cerebral tumor.....	.....	1	1
Diabetes mellitus.....	1	.....	1
Enlarged thyroid.....	.....	1	1
Emphysema.....	.....	2	2
Endarteritis.....	1	1	2
Epilepsy.....	1	9	10
Frost-bite.....	.....	1	1
Fracture of femur and patella.....	1	.....	1
Hemiplegia.....	2	1	3
Hernia.....	4	1	5
Inanition.....	3	2	5
Nephritis.....	3	2	5
Neuritis (alcoholic).....	1	1	2
Malaria.....	.....	1	1
Organic heart disease.....	14	15	29
Pulmonary tuberculosis.....	.....	3	3
Pregnancy.....	.....	1	1
Rheumatism.....	.....	1	1
Syphilis.....	3	2	5
Tachycardia.....	5	.....	5
Tabes dorsalis.....	2	.....	2
Varicocele.....	2	.....	2
Homicidal tendencies.....	7	5	12
Suicidal tendencies.....	17	19	36
Without complications.....	81	86	167

In this table several patients who had a number of complications have been noted more than once. Therefore, the totals would have no significance.

TABLE XIII.

## HEREDITY OF THOSE ADMITTED.

HEREDITY.	Men.	Women.	Total.
Insanity in family.....	27	35	62
Hereditary taint denied.....	52	78	130
Hereditary history unobtainable.....	47	16	63
Total.....	126	129	255

TABLE XIV.

## DURATION OF TREATMENT BEFORE ADMISSION.

DURATION.	Men.	Women.	Total.
Under one month.....	33	35	68
One to three months.....	29	21	50
Three to six months.....	9	10	19
Six to twelve months.....	8	14	22
One to two years.....	21	14	35
Two to three years.....	8	5	13
Three to four years.....	6	3	9
Four to five years.....	3	2	5
Five to ten years.....	5	13	18
Ten to twenty years.....	3	6	9
Over twenty years.....	1	6	7
Total.....	126	129	255

TABLE XV.

## AGE WHEN ATTACKED OF THOSE RESTORED.

AGE.	Men.	Women.	Total.
Under fifteen years.....		1	1
Fifteen to twenty years.....	1	2	3
Twenty to twenty-five years.....	6	4	10
Twenty-five to thirty years.....	6	4	10
Thirty to thirty-five years.....	2	4	6
Thirty-five to forty years.....	4	10	14
Forty to forty-five years.....	6	4	10
Forty-five to fifty years.....	3	1	4
Fifty to sixty years.....	4	1	5
Sixty to seventy years.....	1	.....	1
Total.....	33	31	64

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

DURATION.	Men.	Women.	Total.
Under one month.....	12	14	26
One to three months.....	10	11	21
Three to six months.....	6	3	9
Six to twelve months.....	1	.....	1
One to two years.....	2	1	3
Over two years.....	2	2	4
Total.....	33	31	64

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

DURATION OF TREATMENT.	Men.	Women.	Total.
Under one month.....	1	1	2
One to two months.....	3	3	6
Two to three months.....	5	6	11
Three to four months.....	2	5	7
Four to five months.....	4	3	7
Five to six months.....	6	4	10
Six to nine months.....	5	1	6
Nine to twelve months.....	4	2	6
Twelve to eighteen months.....	1	1	2
Eighteen to twenty-four months.....	1	.....	1
Two years and over.....	1	5	6
Total.....	33	31	64

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute.....	9	8	17
Mania, acute delirious.....	.....	1	1
Mania, chronic.....	1	.....	1
Mania, recurrent.....	2	2	4
Mania, toxic (alcoholic).....	8	1	9
Melancholia, acute.....	13	12	25
Melancholia, chronic.....	.....	1	1
Melancholia, recurrent.....	.....	1	1
Adolescent insanity.....	.....	5	5
Total.....	33	31	64

TABLE XIX.

AGE AT DEATH.

AGE.	Men.	Women.	Total.
Fifteen to twenty years.....	1	1	2
Twenty to twenty-five years .....		2	2
Twenty-five to thirty years.....	2	2	4
Thirty to thirty-five years.....	2	2	4
Thirty-five to forty years.....	2	1	3
Forty to forty-five years .....	3		3
Forty-five to fifty years .....	3	3	6
Fifty to sixty years .....	7	8	15
Sixty to seventy years.....	10	8	18
Seventy to eighty years.....	5	6	11
Eighty to ninety years.....	6		6
Ninety and over.....		1	1
Total .....	41	34	75
Average age at death.....	58	54	56

TABLE XX.

FORM OF MENTAL DISEASE OF THOSE WHO DIED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute.....		2	2
Mania, chronic .....	1	2	3
Melancholia, acute.....	1		1
Melancholia, agitata.....		1	1
Melancholia, chronic .....	2	6	8
Melancholia, recurrent.....		1	1
Melancholia, stuporous .....	1		1
Dementia, epileptic.....	3	2	5
Dementia, organic .....	1	3	4
Dementia, parietic.....	9	2	11
Dementia, senile.....	9	9	18
Dementia, terminal .....	11	5	16
Idiocy .....		1	1
Imbecility with epilepay.....	1		1
Paranoia.....	2		2
Total.....	41	34	75

TABLE XXI.

## CAUSES OF DEATH.

CAUSES	MANIA		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
<b>Mania—</b>							
Acute, with cerebral hemorrhage.....	1						1
Acute, with pernicious anemia.....	1						1
Chronic, with chronic diffuse nephritis.....	1						1
Chronic, with pulmonary abscess.....	1						1
Chronic, with organic heart disease.....	1						1
<b>Melancholia—</b>							
Acute, with exhaustion.....			1				1
Agitated, with strangulation (suicide).....				1			1
Chronic, with bulbar paralysis.....				1			1
Chronic, with entero-colitis.....				1			1
Chronic, with gastro-enteritis.....			1				1
Chronic, with organic heart disease.....			1	1			2
Chronic, with pneumonia.....				1			1
Chronic, with pulmonary tuberculosis.....				2			2
Recurrent, with cerebral hemorrhage.....				1			1
Stuporous, with acute enteritis.....			1				1
<b>Dementia—</b>							
Epileptic, with acute enteritis.....					1		1
Epileptic, with organic heart disease.....						1	1
Epileptic, with pulmonary tuberculosis.....					1		1
Epileptic, with status epilepticus.....					1	1	2
Organic, with chronic diffuse nephritis.....					1		1
Organic, with cerebral hemorrhage.....						1	1
Organic, with exhaustion.....						1	1
Organic, with bulbar paralysis.....						1	1
Paretic, with cerebral embolism.....						1	1
Paretic, with convulsions.....						1	1
Paretic, with exhaustion.....					6		6
Paretic, with hypostatic pneumonia.....					2		2
Paretic, with organic heart disease.....					1		1
Senile, with acute enteritis.....						1	1
Senile, with chronic diffuse nephritis.....						1	1
Senile, with carcinoma of breast.....						1	1
Senile, with exhaustion.....					3	3	6
Senile, with gastric hemorrhage.....					1		1
Senile, with general arterio-sclerosis.....					1		1
Senile, with organic heart disease.....					1	3	4
Senile, with pneumonia.....					2		2
Senile, with pulmonary tuberculosis.....					1		1
Terminal, with bulbar paralysis.....					1		1
Terminal, with cerebral embolism.....					1		1
Terminal, with cerebral hemorrhage.....					2		2

TABLE XXI.—Continued.

## CAUSES OF DEATH.

CAUSES.	MANIA		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women	Men.	Women.	Men.	Women.	
Dementia—Continued.							
Terminal, with chronic diffuse nephritis.....						1	1
Terminal, with exhaustion.....					1	1	2
Terminal, with organic heart disease.....					2	1	3
Terminal, with pneumonia.....					1		1
Terminal, with pulmonary tuberculosis.....					2	2	4
Terminal, with tabes dorsalis.....					1		1
Idiocy, with exhaustion.....						1	1
Imbecility, with epilepsy, status epilepticus.....					1		1
Paranoia, with cerebral hemorrhage.....					1		1
Paranoia, with organic heart disease.....					1		1
Total.....	1	4	4	8	36	22	75

TABLE XXII.

## SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

YEARS.	Men.	Women.	Total.	Increase.
October 31st, 1876.....	159	183	342	.....
October 31st, 1877.....	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879.....	248	279	527	47
October 31st, 1880.....	277	309	586	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	26
October 31st, 1883.....	330	377	707	40
October 31st, 1884.....	371	374	745	38
October 31st, 1885.....	415	414	829	84
October 31st, 1886.....	415	441	856	27
October 31st, 1887.....	434	439	873	17
October 31st, 1888.....	463	441	904	31
October 31st, 1889.....	427	430	* 857	.....
October 31st, 1890.....	450	436	886	29
October 31st, 1891.....	456	443	898	12
October 31st, 1892.....	471	478	949	51
October 31st, 1893.....	509	500	1,009	60
October 31st, 1894.....	520	530	1,050	41
October 31st, 1895.....	541	575	1,116	66
October 31st, 1896.....	538	550	† 1,088	.....
October 31st, 1897.....	593	584	1,177	89
October 31st, 1898.....	618	618	1,236	59

\* One hundred patients transferred to Essex County Hospital.

† Eighty-five patients transferred to Hudson County Asylum.

## RESUME.

The census at the close of the hospital year showed an insane population of 1,236, equally divided as to sex, there being 618 men and 618 women.

There were 255 admitted—126 were males and 129 females; 212 were first admissions and 43 were readmissions. The nativity of those admitted was as follows: New Jersey, 98; other parts of the United States, 59, and of foreign birth, 98. Of the admissions, 246 were residents of New Jersey, and 9 were non-residents.

There were 64 patients discharged as recovered—33 males and 31 females. The recoveries for the year are 25.1 per cent. of the number admitted. This is a good ratio of recovery for a State hospital which receives all forms of insanity, including imbeciles, demented, epileptics and idiots. Higher percentages may be found in reports from institutions which have option as to the class of patients to be admitted.

The whole number under treatment during the year was 1,432, of which 719 were men and 713 women. There were 75 deaths, which is 5.2 per cent. of the number under treatment.

In Table XII. are recorded the bodily diseases of those admitted; they are as follows: Anæmia, 5; arrhythmia, 3; brachycardia, 1; bulbar paralysis, 1; carcinoma of breast, 1; chronic bronchitis, 2; cerebral tumor, 1; diabetes mellitus, 1; enlarged thyroid, 1; emphysema, 2; endarteritis, 2; epilepsy, 10; frost-bite, 1; fracture of femur and patella, 1; hemiplegia, 3; hernia, 5; inanition, 5; nephritis, 5; neuritis (alcoholic), 2; malarial disease, 1; organic heart disease, 29; pulmonary tuberculosis, 3; pregnancy, 1; rheumatism, 1; syphilis, 5; tachycardia, 5; tabes dorsalis, 2; varicocele, 2; without complications, 167.

Numerous cases of chronic kidney disease and organic heart disease found later upon more thorough examination are not included in this table.

The mental disease of those who died is set forth in Table XX., as follows: Acute mania, 2; chronic mania, 3; acute melancholia, 1; melancholia agitata, 1; chronic melancholia, 8; recurrent melancholia, 1; stuporous melancholia, 1; epileptic dementia, 5; organic dementia, 4; parietic dementia, 11; senile dementia, 18; terminal dementia, 16; idiocy, 1; imbecility with epilepsy, 1; paranoia, 2.







DISINFECTING CORPS—WITH FORMIC-ALDEHYD GENERATOR.

The following is the official classification of those remaining in the Hospital October 31st, 1898: Indigent, 1,011; pay patients, 146; criminals, 21; convicts, 58; making a total of 1,236.

#### SCARLET FEVER.

The outbreak upon our wards of scarlet fever caused much anxiety and alarm. This is a disease which is highly contagious, and in its malignant forms, very fatal. The serious sequelæ characteristic of scarlet fever, even in its milder forms, make it a much-dreaded disease.

A male attendant was the first person attacked. A careful investigation failed to enable us to determine where he became infected. He was promptly removed to the Memorial Hospital in Morristown. His room and the entire ward were at once disinfected, and we hoped we had by prompt action prevented the spread of the disease, but fourteen days later one of the patients exhibited suspicious symptoms, and the following day the rash appeared, making no doubt as to the diagnosis. Realizing that the wards had become infected, arrangements were made to transfer such patients as soon as attacked by the disease to a building about a mile in the rear of the Hospital proper. This house is located on the Hospital premises, and was at that time occupied by one of the employes of the institution; it was vacated by him, hurriedly made into an isolation cottage, and connected by telephone with the main building.

A suitable water-supply was secured by tapping the main leading from the new reservoir.

A corps of experienced nurses was detailed to look after the patients. The total number of cases was limited to 11, of which 8 were insane patients, 2 were nurses and 1 a child in the family of the florist.

The first case developed February 4th, and the last May 3d. Of the patients attacked 1 was a woman and 7 were men.

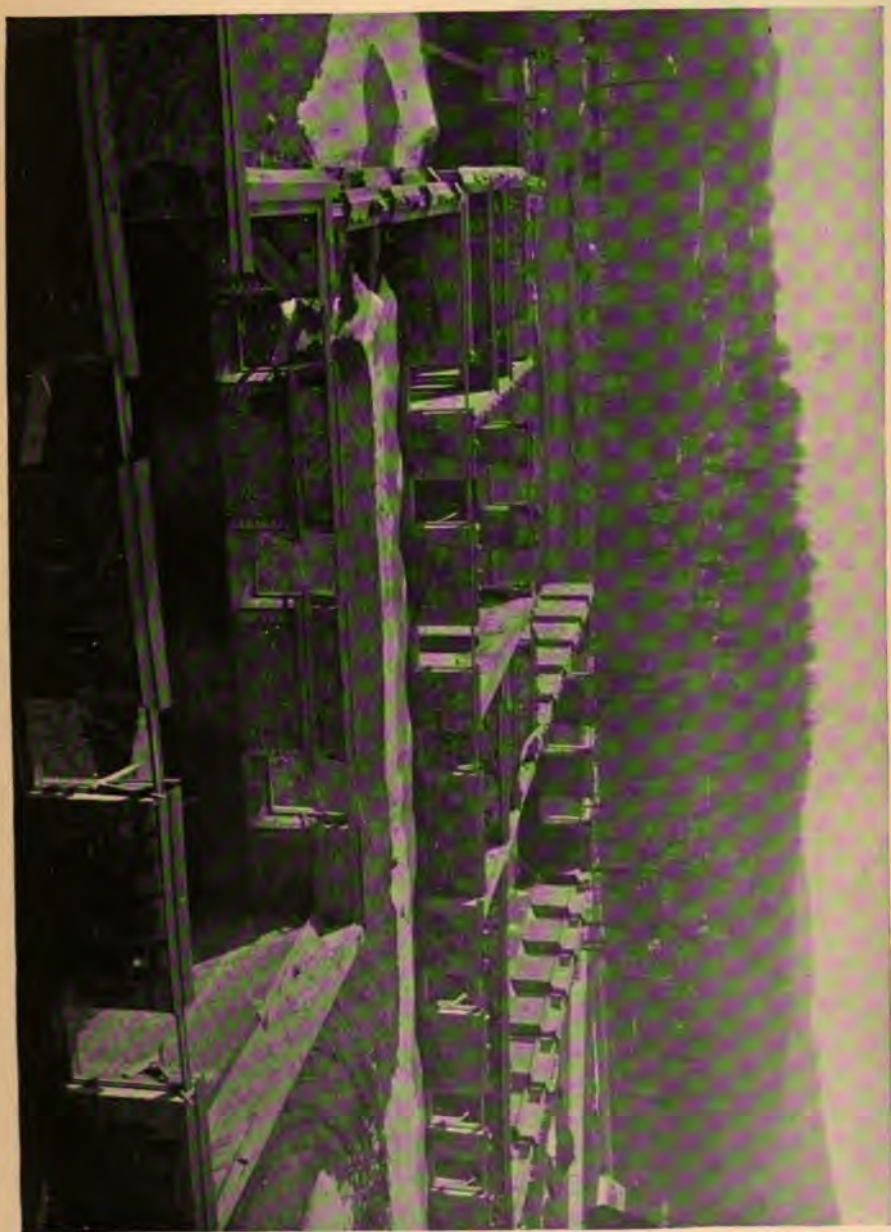
There were six wards invaded in the male department and one in the female department, which is interesting considering the small number of persons attacked. As each case developed the patient was promptly removed to our improvised isolation cottage, his clothing and bedding burned and the entire ward in which he had been was carefully disinfected. A disinfecting corps of male attendants was

organized, and the following method of disinfecting pursued till every ward and room occupied by patients had been disinfected. The ceilings, walls, woodwork and furniture were washed with a strong solution of bichloride of mercury. The rooms were then sealed, filled with formic aldehyde gas and kept closed for ten hours. The patients were given a bichloride bath and supplied with a change of sterile clothing. The clothing they had taken off was treated with a solution of bichloride of mercury, after which it was subjected to formic aldehyde disinfection and sent to the laundry. All wards which were invaded by scarlet fever were quarantined for six weeks.

It is gratifying that there are no fatalities to record as a result of the outbreak of this contagious disease in the Hospital, and in view of the thorough methods of disinfection adopted, we are prompted to hope that the disease has been effectually stamped out.

#### THE CROWDED CONDITION OF THE HOSPITAL.

In reports made of this Hospital since 1890, attention has been called from year to year to its crowded condition. Its census has increased about 50 each succeeding year, making a total gain in population of about 400. The yearly increase in population means a proportionate increase in all the embarrassments and serious consequences which overcrowding causes. The evils and inconveniences resulting from the excess over its normal capacity have been plainly set forth in former reports and need but little further comment at my hands. The comfort and safety of the patients are constantly endangered. To preserve discipline and properly treat and care for them is extremely difficult, if not impossible, under such adverse conditions. The laws of hygiene are seriously trespassed upon, and many patients afflicted with insanity in its early stages are deprived of the benefits to which they are justly entitled and which a hospital not overcrowded would afford. The part of the new building in process of construction gives promise of relieving the congested wards of the male department, but will afford no relief to the female department which is equally overcrowded, and until both wings are completed the problem will remain but half solved.



FOUNDATION OF SOUTH WING OF NEW BUILDING—(FOR WOMEN).

Work Stopped—Awaiting Appropriation.







**NORTH WING OF NEW BUILDING--(FOR MEN).  
Nearing Completion.**



## EPILEPTICS.

There are in the Hospital 96 epileptics. For years in preceding reports I have called attention to two important facts in this connection; one is that the presence of epileptics in a hospital for the insane interferes seriously with the successful treatment and management of the insane not afflicted with epilepsy; the other, that a hospital for the insane is not the place for that class of epileptics which may be treated in an institution especially set apart for their care. These two statements are based upon the experience and observations of the most competent observers of the dependent classes. It is gratifying to a high degree that the State of New Jersey has taken steps to provide a village for its epileptics, and that eventually the hospitals for the insane may be relieved from the care of a large proportion of this class of patients. The desire to have them removed from the State Hospitals should not prompt their transfer in a body to the new epileptic institution as soon as it is open, for reasons which upon reflection are apparent and forcible. A home for epileptics should have many features of an industrial and educational character, and much care should be exercised in the selection of the inmates or patients first to be admitted into such an institution. The majority of those admitted in the first two or three years should be of that grade of intelligence and tractability calculated, under proper training, to make them an educating force to those who are to be admitted later on. To at once remove all the epileptic patients from both the State Hospitals to the new institution for epileptics would place in that institution a large group of persons who, as a result of years of affliction and association with the insane, have become greatly demented and largely insusceptible to training. This would prove an unfair incumbrance to the new institution. While their removal would be for the betterment of the insane, it is plain to see that their too early presence in the institution for epileptics would seriously interfere with the success and progress of that institution.

## CRIMINAL AND CONVICT INSANE.

The year closed with 58 convicts and 21 criminals in the Hospital, making a total of 79 patients whose official commitment papers show a criminal record.



They are not all in one ward, but in several. There is no one ward in the Hospital large enough to accommodate them, nor is there one in which it would be safe to congregate them. The capacity for and tendency to concerted action by this class makes it unwise and unsafe to group a large number of them together in one ward.

The presence of this class of patients in this and similar institutions causes constant apprehension to the officials and is a menace to the welfare of the institution as well as to the comfort, discipline and safety of other patients who have to associate with them.

It is a source of much concern and embarrassment to the many friends and relatives that there should even be a probability of the innocent insane, in whom they are interested, having to come in contact with convicts. Among the large number of relatives and friends of our patients are many of the State's noblest and best citizens.

There is but one solution of this perplexing problem, and that is to be found in placing all the convict and criminal insane in a building set apart especially for them. It would not impose upon the State an additional burden. The State supports them now in the State Hospitals; it would then care for them in a building properly equipped to prevent escapes, and thus work a great good to society at large as well as to the innocent insane.

The building should be located at or near the State prison grounds, thus rendering transfers to and from it convenient.

#### TRAINING SCHOOL.

The reports from all hospitals for the insane where training schools for nurses have been established, give testimony to their practicability and usefulness. A well organized and properly conducted school is a blessing to the institution with which it is connected, but even a poor school is better than none. The benefits derived from training nurses are so numerous as to be apparent to anyone who may give the matter of hospital work the slightest serious consideration.

Our school enters upon its fifth year with renewed energy; the good results following the work of the four years past are visible in every ward in the Hospital.

A suspension of the lectures was caused by the breaking out of scarlet fever upon the wards on February 4th, and the course was not completed until the first of July. The examinations were, in accord-



WARD FOR WOMEN.



ance with the established rule, conducted in writing. Six men and ten women received a general average of 75 per cent. or better, and were awarded diplomas, making in all twenty-nine men and thirty-eight women, a total of sixty-seven who have graduated since the organization of the school.

As a rule our graduates remain in the service of the Hospital, giving the institution the advantage of the training they have received: Those who leave go out into the world better citizens and better equipped to earn an honorable livelihood and render a more intelligent and valuable service to the sick at whose bedsides they may be called to serve.

Eighteen nurses, seven men and eleven women, were called into the service of the hospitals in the United States Army Camps. Of these, eleven women and two men hold diplomas from the training school of this Hospital. They were nearly all assigned responsible posts, and the reports received relative to their work is of the most gratifying character. Telegrams were received from Surgeon-General Sternberg and Dr. Anita Newcomb McGee, expressing their appreciation to the Hospital for furnishing these nurses when they were so urgently needed. The vacancies thus occasioned were filled, as all such vacancies are filled, from the written applications on file. All applicants are required to fill out blank forms. These application forms, when fully made out, set forth clearly the qualities and qualifications of the candidate. No reference to the applicant's religious creed or political preference is in any way exhibited or allowed. By observing strictly this rule in selecting persons to serve in my department of the Hospital I believe the institution has always been rewarded with a better and purer service.

The qualities and qualifications sought for in a nurse are briefly these: (1) sufficient education and intelligence to take the course of training, (2) good health, (3) good moral character and sobriety, (4) musical ability and experience in athletics sufficient to assist in orchestra, band, choir and outdoor amusements, (5) industry and kind-heartedness.

Our nurses retain their positions by: (1) earnest devotion to duty, (2) observance of hospital discipline, (3) kindness to patients, (4) good behavior, (5) industry and sufficient application to studies to enable them to meet the requirements of the training school examinations.

## PATHOLOGICAL WORK.

This department continues to command confidence as an important adjunct to the medical work of the Hospital. The laboratory examinations of the blood, secretions and excretions serve daily to aid in diagnosis and as a guide as well to the treatment to be instituted. The work done during the year has been of the usual character.

There were but seven necropsies, which is an unusually small number. The value of postmortem work in hospitals for the insane, however, does not depend upon the number of autopsies. A few thoroughly-studied interesting cases of acute insanity in which autopsies are done soon after death yield more valuable information than ten times the number of cases in which the insanity was of long standing.

Several new methods of staining have been used, among them that of W. Ford Robertson, which has given gratifying results.

Much time has been devoted to the blood in making counts and studying its morphological appearances. Systematic studies along this line, taken together with clinical observations, have been productive of much interesting and valuable information, giving a more intimate knowledge of the various bedside phenomena presented and leading to the adoption of the most rational remedial measures.

Studies of the urine of epileptics are being made, and while highly interesting are not ready for publication in this report.

During the absence abroad of Dr. Prout, the Resident Pathologist, the work of the laboratory was conducted by Dr. William H. Barton.

Dr. Prout has, in addition to his tabulated report, given at length some very interesting findings in a case of paresis associated with tertiary syphilis, and I have thought it proper to set it forth in full in a pathological supplement.

## THE CHANGE IN VISITING RULES.

The old rules regulating visiting were open to many serious objections. The fact that the Hospital was open daily to visitors tended to cultivate the idea in the public mind that, being a State institution it was necessarily a place with open doors, and that the patients were to be seen at all times by those who so desired, even though they were actuated by mere curiosity.

There are very few patients whose mental condition is improved by frequent visits from their relatives or friends; on the other hand, the opposite effect is often produced. The interview between each patient and his visitors usually requires the presence of an attendant. The attendant thus occupied is taken away from his ward duties, or may be prevented from taking his patients out for exercise in the open air and sunshine. Such interference restricted to two or three afternoons each week may not be attended with serious results, but when it occurs morning and afternoon, daily, the detrimental consequences are obvious.

In all hospitals the most important duty of the physician is to visit, observe and prescribe for his patients. The physicians here make their regular morning and afternoon rounds through the wards at the time when the greatest number of visitors call. Visitors usually request an interview with the physicians, which request is not easy to deny, and when granted, consumes the time which should be devoted to more important duties.

The new rules, which limit the visiting to the afternoons of Mondays, Wednesdays and Fridays, have to a great degree overcome many of the objectionable features of the old regulations and at the same time they afford friends and relatives of patients ample opportunity for making all necessary visits. Printed copies of the following new regulations have been framed and placed in the reception-rooms and corridors.

#### **NEW REGULATIONS CONCERNING VISITORS TO THE NEW JERSEY STATE HOSPITAL FOR THE INSANE AT MORRIS PLAINS.**

1. No visitors can be admitted on Sunday. Patients cannot be taken to the reception-rooms to receive visitors on that day, because one-half of the attendants are excused to attend religious services in the morning and an equal number are occupied in caring for those at chapel in the afternoon.

2. Regular visiting days and hours are Mondays, Wednesdays and Fridays of each week, from two to five o'clock in the afternoon.

3. In case of serious illness of patients the Medical Director may permit their relatives or guardians to visit said patients at times other than those designated above as regular visiting days and hours.

4. While the managers of this Hospital desire to afford taxpayers and all others reasonable facilities to observe what the State is doing

for the most unfortunate class of its citizens, the Board finds it necessary to discourage visits of mere curiosity-seekers. The Medical Director is therefore authorized and instructed to decline to admit excursion parties to the wards, and to allow no loud conversation among those visiting the wards, especially personal reference to the patients.

Adopted at a regular meeting of the Board of Managers held September 1st, 1898.

#### THE NEW COMMITMENT LAW.

The law relating to the commitment of patients to the State Hospitals passed by the last Assembly became operative on July 4th, 1898. This act defines the qualifications of physicians who may make certificates for the commitment of patients, and the requirements set forth in such certificates are such that if faithfully met, no doubt can well exist as to the thoroughness of the examinations and medical inquiry forming the basis of the commitment papers. Under this law the commitments—private or indigent—are reviewed by the courts, and upon an order of approval issued by the Judge reviewing the papers, the patient is detained. A pamphlet compiled by Mr. Edwin Robert Walker, under direction of the Board of Managers of the State Hospitals, contains all the necessary forms to be used under the new law. It also contains abstracts from all laws in force in the State bearing upon the commitment of persons to the State Hospitals.

I have mailed copies of this pamphlet and the commitment blanks necessary under the new law, to all the physicians, Boards of Chosen Freeholders, Judges of the courts and newspapers in this Hospital district. The commitments since the date of the law taking effect have, with few exceptions, conformed to the legal requirements. The few irregular ones were referred back to the sources from which they came, and were promptly made to meet the demands of the statute. The only criticism which has come from the courts is that there should be an additional affidavit required of the person making the petition for the commitment, and that the additional affidavit should give specific data as to indigence or non-indigence, and the legal settlement of the person whose commitment is requested, thus giving to the courts called upon to review the papers something definite upon which to act in determining the matter in question.

## NEW LOCKS ON THE WARDS.

The new locks which under your direction have been placed on all the doors leading into the wards as well as the communicating doors between wards are highly satisfactory. They had long been needed, as the old ones were badly worn and easily picked. The keys were of a pattern not difficult to duplicate and as a result there were a number of escapes.

In the twenty-two years which the old locks had been in use no written record had been kept of the keys. A certain amount of care had been exercised in their distribution as well as watchfulness over their being returned by persons leaving the service, but all "pass-keys" were alike and there was no way of distinguishing the key issued to one attendant or employe from that given to another.

The keys to the new locks are all numbered, and when one is issued it is charged to the person to whom it is given and a full record made of it. By this course the responsibility for each key is definitely placed.

## AMUSEMENTS AND EMPLOYMENTS.

Measures used to divert the thoughts of the insane from unhealthy channels are properly considered as belonging to the most efficient class of remedial therapeutics. Exercise is the great safeguard to bodily health and mental vigor and is nature's hypnotic. It matters not if the employment of the mind and body to this end does not always result in the accomplishment of something that has a money value, such as the manufacture of useful articles, the tilling of the soil, the improvement of the Hospital grounds or the taking part in the numerous kinds of work incident to the operation of a large hospital, so long as the most important result is obtained, that of getting the morbid mind away from its pathological moorings and concentrating it upon something of a health-giving character.

This is sometimes done by interesting our patients in useful occupations, and at other times it is accomplished by inducing them to participate in or interest themselves with outdoor and indoor amusements. The simple diverting of the mind is not the only end desired; it is highly important when practicable to get the patient whose appetite is poor, circulation sluggish, bowels constipated and who sleeps poorly, to



engage in such physical exercise as will promote the activity of the sluggish bodily functions; when this is done he is, as a rule, far advanced toward recovery. It calls for much care and a knowledge of the individual requirements to successfully select those persons whose best interests of mind and body are promoted by assigning to them such employment as cultivating the soil, and laboring in the various branches of the industrial department, and to interest others to whom manual labor is repugnant, and upon whom it would have a detrimental effect in the different forms of outdoor sports and indoor amusements and entertainments such as base-ball, lawn tennis, golf, quoits, lawn parties, amateur theatricals, card parties, dances, chess, draughts, &c.

The labor performed by patients during the year is fully shown in the following tables; 83,424 days' work was done upon the wards, and 30,253 days' work done on the farm and grounds, in the shops, sewing-room, kitchen and laundry.

TABLE 1.  
NUMBER OF DAYS' WORK DONE BY PATIENTS ON THE WARDS.

DATE.	Men.	Women.	Total.
1897.			
November.....	3,928	3,000	6,928
December.....	3,598	3,188	6,786
1898.			
January.....	4,773	3,145	7,918
February.....	3,731	2,959	6,690
March.....	3,382	3,270	6,652
April.....	3,627	3,198	6,825
May.....	3,724	3,365	7,089
June.....	3,628	3,188	6,816
July.....	3,630	3,223	6,853
August.....	3,968	3,225	7,193
September.....	3,662	3,034	6,696
October.....	3,801	3,177	6,978
Total.....	45,452	37,972	83,424





**HOSPITAL CHAPEL.**

TABLE 2.

NUMBER OF DAYS' WORK DONE BY PATIENTS IN THE INDUSTRIAL DEPARTMENT.

DATE.	LAUNDRY.			KITCHEN.			Bakery.	Farm and grounds.	Shops.	Sewing room work.	Total.
	Men.	Women.	Total.	Men.	Women.	Total.					
1897.											
November.....	184	470	654	193	34	227	89	1,051	315	403	2,749
December.....	211	430	641	329	33	362	90	477	336	233	2,139
1898.											
January.....	111	391	502	305	30	335	86	551	361	276	2,111
February.....	220	461	681	288	25	311	86	966	347	331	2,722
March.....	216	357	572	360	35	395	87	635	320	235	2,394
April.....	191	394	585	318	36	354	88	872	349	298	2,546
May.....	196	418	614	166	32	198	85	1,203	311	313	2,731
June.....	83	407	490	215	39	254	84	961	307	349	2,445
July.....	109	423	532	341	36	377	86	975	343	306	2,618
August.....	213	397	610	220	34	254	85	1,152	340	315	2,756
September.....	207	400	607	313	36	349	93	874	311	435	2,673
October.....	122	379	501	280	29	309	87	806	342	424	2,469
Total.....	2,063	4,927	6,990	3,326	399	3,725	1,046	10,523	4,008	3,967	30,353

## RELIGIOUS SERVICES.

During the prevalence of scarlet fever in the Hospital it was thought unsafe to congregate the patients in the chapel for the purpose of religious worship. Services were discontinued until there was reason to believe the danger of infection had passed.

The following clergymen regularly officiated until the suspension above referred to:

Rev. Dr. Albert Erdman, Presbyterian, Morristown.

Rev. Dr. T. I. Coultas, Methodist, Morristown.

Rev. S. Z. Batten, Baptist, Morristown.

Rev. Father A. M. Egan, Roman Catholic, Morris Plains.

Rev. William Fryling, Presbyterian, Morris Plains.

Upon the resumption of divine services the following newly-adopted schedule went into effect:

## SCHEDULE FOR RELIGIOUS SERVICES.

1898.		1899.	
September	18th.....Baptist.	March	28th.....Presbyterian.
"	25th.....Episcopal.	April	2d.....Roman Catholic.
October	2d.....Presbyterian.	"	9th.....Methodist.
"	9th.....Roman Catholic.	"	16th.....Baptist.
"	16th.....Methodist.	"	23d.....Episcopal.
"	23d.....Baptist.	"	30th.....Presbyterian.
"	30th.....Episcopal.	May	7th.....Roman Catholic.
November	6th.....Presbyterian.	"	14th.....Methodist.
"	13th.....Roman Catholic.	"	21st.....Baptist.
"	20th.....Methodist.	"	28th.....Episcopal.
"	27th.....Baptist.	June	4th.....Presbyterian.
December	4th.....Episcopal.	"	11th.....Roman Catholic.
"	11th.....Presbyterian.	"	18th.....Methodist.
"	18th.....Roman Catholic.	"	25th.....Baptist.
"	25th.....Methodist.	July	2d.....Episcopal.
1899.		"	9th.....Presbyterian.
January	1st.....Baptist.	"	16th.....Roman Catholic.
"	8th.....Episcopal.	"	23d.....Methodist.
"	15th.....Presbyterian.	"	30th.....Baptist.
"	22d.....Roman Catholic.	August	6th.....Episcopal.
"	29th.....Methodist.	"	13th.....Presbyterian.
February	5th.....Baptist.	"	20th.....Roman Catholic.
"	12th.....Episcopal.	"	27th.....Methodist.
"	19th.....Presbyterian.	September	3d.....Baptist.
"	26th.....Roman Catholic.	"	10th.....Episcopal.
March	5th.....Methodist.	"	17th.....Presbyterian.
"	12th.....Baptist.	"	24th.....Roman Catholic.
"	19th.....Episcopal.		

This schedule for the conduct of religious services has been framed so as to give all an equal representation, and it is expected that each clergyman will be responsible for the services on the day and hour connected with his name. If from any cause he is unable to be present he is expected to provide a substitute, with whom he is to arrange so that the accounts of the Hospital can be kept with the clergyman responsible for the day—not the substitute.

Adopted by the Board of Managers at a regular meeting September 1st, 1898.

The burial services of the unclaimed indigent dead were conducted by Rev. Father Egan and Rev. Mr. Pannell.

## RESIGNATIONS, APPOINTMENTS, ETC.

Dr. J. H. Crosby resigned the position of House Druggist December 18th, 1897, to accept the position of Junior Assistant Physician on the Medical Staff of the Manhattan State Hospital, Ward's Island, New York, and Mr. Peter J. Daly was appointed to the place thus made vacant.

Dr. Thomas P. Prout was granted a leave of absence in which to prosecute his studies in pathology in the laboratories of Germany, and Dr. William H. Barton was appointed to look after the pathological laboratory during Dr. Prout's absence. Dr. Barton's service to the Hospital has been of a most satisfactory character.

After four years' efficient service upon the Medical Staff of this Hospital, in the capacity of Fourth Assistant Physician, Dr. Middleton L. Perry resigned in order to continue his medical studies in the schools of Vienna and Berlin. His resignation took effect April 1st, 1898. Throughout Dr. Perry's official connection with the Hospital, his work was characterized by exceptional ability and a zealous devotion to the interests of the patients under his care.

After a competitive examination, Dr. Arthur S. Corwin, of Madison, N. J., was elected to the position of Fourth Assistant Physician, made vacant by Dr. Perry's resignation, and is acceptably discharging the duties of his post. His appointment took effect April 1st, 1898.

The relations of the Medical and Business Departments have been uniformly harmonious.

In all phases of the work of the Medical Department, I have found in my assistants upon the Medical Staff devotion to the Hospital's best and truest interests. I am pleased to make record of their faithfulness to duty and constant loyalty.

Respectfully submitted,

BRITTON D. EVANS, M.D.,

Medical Director.

MORRIS PLAINS, N. J., October 31st, 1898.



---

---

**REPORT OF**  
**Thomas P. Prout, M.D., Resident Pathologist.**

---

---

**(48)**





# REPORT IN PATHOLOGY.

*To the Medical Director :*

The statistical facts in regard to the seven autopsies of the past year are comprised in the tables which follow. I have reported at some length autopsy No. 242, a case of paretic dementia.

TABLE I.

Number.	Sex.	Age.	Mental Disease.	Duration.	Anatomical Diagnosis.
237	M.	78	Mania, chronic.....	4 years ...	General anasarca. Chronic endocarditis. Chronic hepatic congestion. Chronic interstitial nephritis. Chronic interstitial splenitis. Chronic meningo-encephalitis.
238	M.	81	Dementia, senile.....	3 years....	General arterial sclerosis. Chronic interstitial nephritis. Chronic interstitial splenitis. Chronic pleuritis.
239	M.	56	Dementia, paretic ...	1 year.....	Fatty heart. Chronic renal congestion. Subacute parenchymatous nephritis. Chronic meningo-encephalitis. Arterial sclerosis.
240	M.	63	Dementia, senile.....	7 years ...	Chronic endocarditis. Chronic pleuritis. Chronic interstitial nephritis. Acute atheromatous degeneration. Cerebral hemorrhage with acute cerebral pressure.
241	M.	66	Dementia, terminal..	10 years....	Chronic interstitial splenitis. Hemorrhagic gastritis. Acute cerebral hemorrhage. Acute cerebral pressure.
242	M.	32	Dementia, paretic....	2 years....	Acute cerebral congestion (general). Hypostatic pneumonia. Chronic syphilitic lymphadenitis. Syphilitic hepatitis.
243	F.	25	Mania, acute.....	10 months..	Chronic interstitial nephritis. Hepatic congestion (active). Hemorrhagic capsulitis.

TABLE II.

Number.	GROSS LESIONS OF ORGANS.	Brain membranes.	GROSS APPEARANCE OF BRAIN.		
			Consistence.	Blood-supply.	Other conditions.
	<i>Dementia, Paretic.</i>				
239	Heart—Left ventricle slightly dilated. Spleen—Enlarged. Kidneys—Capsule strips readily. Small cyst in right. Striations injected. Parenchyma very pale. Liver—Markedly congested. Lungs—Hypostatic congestion with slight edema.	Dura thickened. Pia, cedematous and opaque.	Diminished..	.....	{ Convulsions atrophied and flattened.
242	Liver—Very large. Edges sharp. Surface mottled with whitish bodies which occupy the center of each lobule. <i>Mesenteric glands</i> —Enlarged and caseous (gummatous). Spleen—Large. Substance of increased consistence.	Dura congested .....	Increased....	Congested..	{ Vessels at base very tortuous.
	<i>Dementia, Senile.</i>				
238	Lungs—Old cicatrices in apices. Adherent to parietes. Kidneys—Small. Surface granular. Cortex thin. Glomeruli indistinct.	Dura thick and adherent. Pia cedematous.	.....	.....	{ Vessels at base very atheromatous.
240	Lungs—Hypostatic posteriorly. Heart—Much hypertrophied. Kidneys—Small. Increased consistence. Cortex thin. Glomeruli indistinct. Arteries—Thickened and atheromatous.	.....	Diminished..	Congested..	{ Convulsions flattened. Vessels atheromatous. Hemorrhage in substance.

TABLE II.—CONTINUED.

Number.	GROSS LESIONS OF ORGANS.	Brain membranes.	GROSS APPEARANCE OF BRAIN.		
			Consistence.	Blood supply.	Other conditions.
	<i>Dementia, Terminal.</i>				
241	Heart—Hypertrophied. Left ventricular cavity large. Spleen—Large. Increased consistence. Capsule thickened. Stomach—Mucous lining shows hyperamia and punctate hemorrhages.	Dura adherent and thickened...	Diminished..	Congested..	{ Vessels at base tortuous. Hemorrhage in brain substance. Ependyma thickened,
	<i>Mania, Acute.</i>				
243	Heart—Small. Coronary vessels very tortuous. Liver—Small. Substance congested. Kidneys—Small. Surface irregular and mottled Malpighian bodies indistinct. Suprarenal Capsules—Very large. Hemorrhages in substance.	Dura congested. Pia cedematous and congested.....	Diminished..	Congested..	{ Vessels of choroid plexuses injected. Vessels at base normal.
237	Lungs—Carnified except small area. Effusion in pleura Liver—Increased consistence. Congested (passive). Spleen—Capsule thickened. Substance of markedly increased consistence. Kidneys—Small. Capsules adherent. Cortex thin. Cystic. Striations obliterated. Substance of increased consistence	Dura thickened. Pia thickened and cedematous.....	Diminished..	.....	{ Calcareous mass in orbital region (left).

The average age at death was 57 years, and the average duration of mental disease was about 4 years. Both these figures are considerably below those of last year.

Five of the autopsies presented a gross kidney lesion, a percentage of 71.4, which is somewhat above that of last year (63.6). Reproducing last year's table, which gave the percentage of gross kidney lesions by ages for the four years previous, and making the additions to it for the past year, the relative frequency of gross kidney lesions in the insane as shown by the 107 autopsies during the past five years appears as follows :

AGE.	No.	Showing gross kidney lesion.	Without gross kidney lesion.	Per cent. showing gross kidney lesion.
Below 30.....	15	7	8	46.6
30 to 40.....	16	9	7	56.2
40 to 50.....	25	18	7	72.0
50 to 60.....	19	12	7	63.1
60 and over.....	32	26	6	81.2
Total.....	107	72	35	67.3

The percentages are very little changed from those appearing in last year's tables ; the total percentage showing gross kidney lesions is slightly higher.

#### A MINOR STUDY OF THE PATHOLOGICAL CHANGES IN THE NERVOUS TISSUE OF THE CEREBRAL CORTEX IN A CASE OF PARETIC DEMENTIA.

I have selected for the subject of this study a case of paresis, which developed rapidly and went through the whole course of the disease in a comparatively short time. The patient was a Swede, aged 32, admitted to the Hospital May 24th, 1897, and died on September 23d, 1898, the total duration of the mental disease being one year and five months. He died during an apoplectiform seizure characteristic of the disease, it being the only one from which he suffered. There was no direct history of syphilis, the patient having no friends or relatives living in this country who could give any account of him. There was, however, a well-marked scar on the superior surface of

the glans penis, and at the autopsy a number of the retroperitoneal glands were found in advanced gummatous condition. Some of the organs, particularly the liver and spleen, also showed multiple gummatous deposits microscopically.\* The autopsy was done one and one-half hours after death, and the tissues were brought rapidly into the fixing solutions.

For the study of the nerve cells, two methods were used, the Nissl and the recently-published method of Robertson.† The latter I consider a distinct addition to our methods of research, as it stains the more completely degenerated nerve cells in a manner not attainable by the Nissl process. Cells so completely degenerated as to stain but lightly or not at all by the Nissl method are brought out by this method in a highly satisfactory manner. It is somewhat cumbersome, but has this distinct advantage over the methylene blue process, that it is not necessary to subject the sections to the high temperature required by the latter. In addition to this the neuroglia cells are stained.

For the study of the neuroglia the methods of Robertson and Weigert were chiefly used. Cox's modification of the Golgi method was also used with good results.

#### THE NORMAL NERVE CELL.

Before proceeding to a discussion of the pathological findings it will be well to bear in mind a few points regarding the structure of the normal nerve cell. Stained after the Nissl method the normal nerve cell presents a well-defined cell-body near the central portion of which is located a well-rounded nucleus, the membrane of which is sharply stained, the caryoplasm (nuclear substance) remaining unstained or being but lightly tinged. Near the center of the nucleus we find a well-rounded, deeply-stained nucleolus, radiating from which in the more successful preparations may be seen delicately-stained fibrillæ which extend outward into the clear caryoplasm. The protoplasm of the body of the cell is studded with deeply-staining blue masses which are sometimes spindle-shaped, sometimes pyramidal and sometimes amorphous in form. These may occupy any portion of the proto-

---

\* For other facts regarding the case, see autopsy No. 242, Tables I. and II.

† Edinburgh Hospital Reports, Vol. V.

plasm, there being usually a pyramidal-shaped mass at the apical extremity of the nucleus and spindle-shaped bodies scattered through the apical process, the remainder of the protoplasm being studded with amorphous bodies which show a tendency to occupy the peripheral portion of the cell. After the Robertson method the normal nerve cell presents a nucleus that stains deeply and homogeneously, the cell-body itself being well outlined, while the chromatic substance presents an amorphous granular appearance, staining a deep violet color. The granules present no regular arrangement, but show a tendency to occupy the peripheral portions of the cell body. While the Nissl stain therefore presents an unexampled view of the normal anatomical structure of the nerve-cell, the Robertson method supplements it well and affords an excellent picture of the more complete forms of degeneration.

In considering the pathological findings presented by any given method of staining the cells of the central nervous system, it becomes necessary to make due allowance for (1) age, the nerve cell in the human subject advanced in years presenting decided anatomical changes. (2) Post-mortem changes, evidences of decomposition in nervous tissue being apparent in bodies which have lain at ordinary room temperature for four or more hours after death. (3) Artifacts, the observer mistaking for pathological conditions, appearances of the nerve cell which are due to faulty technique.

In this instance the first two of these conditions are ruled out, the age of the patient at death being only thirty-two, which precludes the possibility of the so-called aging of the nerve cells, while the fact that the autopsy was done one and one-half hours after death removes the possibility of the post-mortem decomposition of the nervous elements.

As regards artifacts, one of the most fruitful sources of their production is faulty fixation. This, I believe, has been largely obviated by using only very thin pieces of tissue, not over one centimeter in thickness, and completing the process as rapidly as possible. For the Nissl stain pieces of tissue were taken from absolute alcohol and mounted without imbedding, sections being made as soon as the tissue was firmly fixed to the block. This obviated the necessity of subsequently dissolving the celloidin from the section and gave a clearer picture. The staining was done on the slide, a new methylene blue solution being used and all of the sections treated as nearly alike as

possible. For the Robertson method the tissue was fixed in Heidenhein's fluid. The staining was done on the slide, the temperature of which during the dehydration process was kept below 60° C. For the purposes of this study about sixty slides of brain tissue were examined.

#### MICROSCOPICAL APPEARANCES OF THE NERVE CELLS OF THE CORTEX.

Fatty degeneration of a large percentage of the nerve cells was found to exist. This condition was best shown in the Nissl sections, and varied much in intensity. In the vast majority of instances the condition might be described as intense, while about one cell in ten approached the comparatively normal condition shown in Fig. 2, a marked fatty change being still apparent. Cells varied from the more marked degrees of fatty degeneration to a point where the fatty condition was so slight as to be only manifest by the existence of a few fat droplets in the cell body. The more intense degrees of the fatty degeneration were invariably combined with other evidences of degeneration; when more than one-fifth of the body of the cell was involved in the fatty process, there were well-marked evidences of the dissolution of the chromatic substance (chromatolysis), the granules being ill-defined and presenting a distinct tendency to become diffused into the substance of the cell body. The fatty changes in many of these cells seemed to encroach upon the limits of the nucleus. As the degenerative process became more marked there was a decided loss in the chromatic substance, the granules being few in number and apparently reduced to a diffuent condition. Fig. I. presents a picture not uncommonly seen, in which the chromatic substance has become diffuent and flocculent, and encroaches upon the limits of the nucleus. A distinctive granular condition of the chromatic substance is still recognizable, but the granules are not sharply defined, and have disappeared from portions of the cell body. In the more advanced degenerative conditions, the outline of the cell body is ragged and irregular.

With the Nissl method the nucleus almost without exception stained an intense blue, contrary to the behavior of the nucleus of the normal cell. This I believe to be due to and an evidence of chromatolysis, those nuclei staining most intensely which belonged to cells



whose chromatin granules were in a condition of dissolution, and those nuclei staining most lightly whose chromatin granules were in a condition approaching the normal. The outline of the nucleus was frequently encroached upon not only by the fatty conditions but also and most frequently by a diffusion into it of the chromatic substance from the body of the cell as shown in Fig. I. The outline of the nucleus was frequently irregular and indefinable. By comparing Figs. 1 and 2, a decided difference in the size of the nucleolus is apparent, the nucleolus of Fig. 1 being about twice the size of that of Fig. 2. These two cells were from the same area of the cortex, and occupied nearly the same relative position as shown in the plate, being very near together and cells of the same type. We are therefore warranted in saying that the nucleolus in Fig. 1 is swollen, that of Fig. 2 being about the usual size in cells of this type.

By means of the Robertson method the fatty and other changes in the body of the cell were well shown, but the chief value of the method lies in its defining degenerated nerve cells which other methods fail to stain. The nucleus stains deeply in human brain tissue stained after this method, and one of the first evidences of degeneration is a loss of chromatic substance from the nucleus. This is shown in Fig. 3, where the nucleus not only shows a loss of chromatic substance but the outline of the cell body shows distinct bulging, the nucleus being crowded to the left; on the right side there was a deposit of yellowish material probably of fatty nature. The chromatin granules in the body of the cell were still fairly well defined and deeply stained. This condition of the cell was very common and merged gradually into that shown in Fig. 4, in which almost the whole of the nucleus has failed to stain. At the apical process there is a distinct interruption of the nuclear outline, the nucleus at this point merging into the body of the cell. There is also chromatolysis in the cell body itself. Figs. 5 and 6 represent the degenerative process still further advanced. Both showed evidences of marked fatty degeneration, the process being evinced by large unorganized yellowish deposits. In Fig. 5 the nucleus appears crowded to one side and shows a distinct loss of chromatic substance, while the outline of the cell body appears ragged and irregular and the chromatin granules almost gone. In Fig. 6 only a trace of the nucleus remains, a mere shadow suggesting only a portion of its previous outline. The chromatic substance has almost disappeared. Various phases of this latter condition were found;

when the degenerative process has proceeded thus far the cell appears as a simple ragged mass, presenting here and there a few granules. Most frequently there is no trace of a nucleus.

The degenerative changes above described in the nucleus are of great significance. The disappearance of the nucleus as an integral part of the nerve cell means not only the impossibility of a regenerative process taking place in the cell itself, but the complete disappearance of the neuron as a unit in the central nervous system. Such an ultimate result is not hard to conceive as a sequence of the shades of nerve cells above portrayed.

Some interesting pictures were obtained by the Golgi method, where a silhouette of degenerated portions of nerve cells were thrown into relief. Pictures such as shown in Figs. 7 and 8 were by no means uncommon, large portions of the body of the neuron having failed to stain and the dendrites being partially or totally obliterated. Fig. 8 shows an instance of partial, Fig. 7 of complete obliteration. Pictures similar to Fig. 7 were not uncommon. Fig. 9 shows another condition in which a considerable portion is excavated from the side of the cell body and at the same time the dendrites have failed to stain and have lost their usual felting. Globose masses are visible on some of the dendrites. In some instances the central portion of the cell body failed to stain, the region of the nucleus consisting of a light portion containing dark granules which shaded off gradually into the body of the cell. In these instances the dendrites were more or less affected, either having entirely failed to stain or being partially or completely denuded of felting. In most neurons presenting marked evidence of degeneration in the body, the axis cylinder process failed to stain.

#### THE NEUROGLIA.

For the study of the neuroglia the methods of Weigert, Robertson and Golgi were used.

For the most part the method of Weigert stains the nuclei and the fibrillary processes, leaving the body of the cell unstained, but in some instances, especially in cells showing a departure from the normal, the protoplasm of the cell was plainly visible, staining a distinct yellow color. Fig. 10, *a* and *b*, are such cells. These cells present a nucleus in a stage of division. In *a* the division seems

complete, in *b* the two nuclei are still joined by a mere thread. In both instances the nuclei are deeply stained and irregular in outline; *c* represents various conditions of the nucleus in an apparent condition of mitosis. In two of these nuclei a figure dividing the nucleus into four portions is apparent; in one an indentation on either side is visible, and the other two present irregularities; all are very deeply stained (an abnormal condition), the nucleus in the normal state being a regularly-rounded body presenting a caryoplasm dotted with darkly-stained granules (Fig. 10, *d*). These pictures were all made from cells in the first cortical layer.

The Robertson method stained the neuroglia cells rather differently. The nuclei as a rule stained darkly and in many instances the protoplasm of the neuroglia cell was well brought out. This was especially true of the cells in the first layer. Besides this, in the lower cortical and subcortical regions the neuroglia cells presented another variety of change. Fig. 10, *e*, presents one of these conditions. Here we have a large nucleus of irregular outline and staining comparatively lightly, which is more than twice the ordinary size. Figs. *f* and *g* represent a further stage of the same process. In *f* the nuclear outline is indented and broken at the left. At this point there is a loss of chromatic substance. In *g* we have a condition of fragmentation of the nucleus of true degenerative character. The last stages of the process are represented in *h*, where we have the last vestige of a nucleus presenting an irregular fragmented outline, much reduced in size, lightly stained and containing several darkly-stained granules. Cells *i* and *j* represent stages of the mitotic process.

We may conclude, therefore, that we have here several distinct and separate conditions of the neuroglia. First, the normal condition, the neuroglia cell presenting its usual appearance either with or without protoplasmic processes.

Second, a mitotic condition, by which means the neuroglia elements go through regular and irregular forms of proliferation, this condition being pronounced in this particular case.

Third, a degenerative condition, the neuroglia cell undergoing a change leading up to its ultimate destruction and disappearance in a manner analogous to the destruction of the cortical nervous elements.

Before concluding these considerations in regard to the neuroglia I must dissent from Weigert's theory, which he thinks the findings of

this method warrant, that the neuroglia consists of nuclei and fibers anatomically distinct. In pathological conditions the differentiation between nucleus and fiber is often not distinct, the whole neuroglia cell being brought out, the so-called fibers occupying the edges of the protoplasmic processes and being immediately associated with them. Sometimes the fibers are poorly stained but in cells in which the whole protoplasmic mass has stained, if especially brought out they are always found to occupy the edges of the protoplasmic process. I believe Weigert is in error in considering these elements anatomically distinct. It seems to the writer that it would be quite as proper to consider the picture that the Nissl process presents of the nerve cell as warranting the theory that the nervous elements of the cortex consist of nerve cells and chromatin granules in themselves anatomically distinct, as to say that the picture presented by the Weigert method warrants any special anatomical distinction between nucleus and fiber in the neuroglia. The weight of all other histological methods is against this theory, and Weigert's own method when employed in staining pathological neuroglia tissue, not only fails to corroborate his theory, but goes far toward disproving it.

#### CONCLUSIONS.

The nervous elements in this case present various stages of degeneration leading to the ultimate destruction and disappearance of the nerve cell from the cortex.

The order in which the degenerative processes follow each other appears to be :

1. Fatty degeneration of cell body of progressive type.
2. Destruction and disarrangement of the chromatic substance in the body of the cell.
3. Irregularity and fragmentation of the cellular outline.
4. Change in chromatic properties of the nucleus, with loss of nuclear outline.
5. Destruction and disappearance of the nucleus.

The neuroglia elements present various changes of—(1) Mitotic character manifested in the nucleus by divisions, irregularities and changed reaction to stain ; (2) Degenerative character manifested by swollen, ruptured and fragmented nuclei and shades of former nuclei.

## DONATIONS.

The Hospital makes grateful acknowledgment for the following contributions and courtesies:

December 6th, 1897, magazines from Mrs. A. H. Whitney, Morris Plains, N. J.

December 8th, 1897, an entertainment by the Misses Kugler, Cochran, Stark and Walsh, of Morristown, N. J.

December 20th, 1897, magazines from Mrs. Oscar Ferris, Morris Plains, N. J.

January 7th, 1898, magazines from Dr. H. A. Buttolph, Short Hills, N. J.

January 18th, 1898, 96 bound books, 64 paper-covered books and 70 magazines from Mrs. Frelinghuysen, Morristown, N. J.

January 28th, 1898, entertainment by the Misses Monroe, Ennis and Kugler, and Messrs. Daly, Clark and Higgins.

May 30th, 1898, box of fans from "a grateful patient."

September 10th, 1898, magazines from the Memorial Hospital, Morristown, N. J.

The following is a list of newspapers which have been sent regularly to the Hospital gratuitously, and are always welcome and appreciated:

The Observer.....	West Hoboken.
The Jersey City News.....	Jersey City.
The Evening Journal.....	Jersey City.
The New Jersey Staats Zeitung.....	Jersey City.
The Evening News.....	Hoboken.
The Bayonne Budget.....	Bayonne.
The Kearny Observer.....	{ Kearny and Arlington.
Hudson County Review.....	Town of Union.
Hunterdon County Democrat.....	Flemington.
Hunterdon Independent.....	Frenchtown.
Home Visitor.....	Flemington.
The Clinton Democrat.....	Clinton.
The Lambertville Record.....	Lambertville.
The Newark Sunday Call.....	Newark.
Town Talk.....	Newark.
New Jersey Trade Review.....	Newark.
New Jersey Deutsche Zeitung.....	Newark.
Newark Evening News.....	Newark.
South Orange Bulletin.....	South Orange.



## EXPLANATION OF PLATE.

### NISSL METHOD.

**FIG. 1.**—Large ganglion cell (motor cortex). Chromatic substance in condition of dissolution, (chromatolysis). Cell body fatty and swollen. Nucleolus swollen

**FIG. 2.**—Large ganglion cell, (motor cortex.) Marked fatty degeneration and beginning chromatolysis.

### ROBERTSON METHOD.

**FIG. 3.**—Swelling of cell body. Vacuolation of nucleus.

**FIG. 4.**—Nuclear membrane ruptured.

**FIG. 5.**—Nucleus ragged. Marked chromatolysis in body of cell. Cell body swollen.

**FIG. 6.**—Shade of nerve cell; nucleus and chromatic substance having disappeared and the cell outline being ragged and irregular. Complete degeneration.

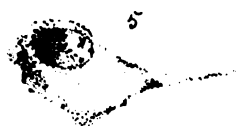
### GOGLI METHOD,

**FIG. 7, 8 and 9.**—Degeneration of cell body, showing loss of dendrites and felting.

### NEUROGLIA.

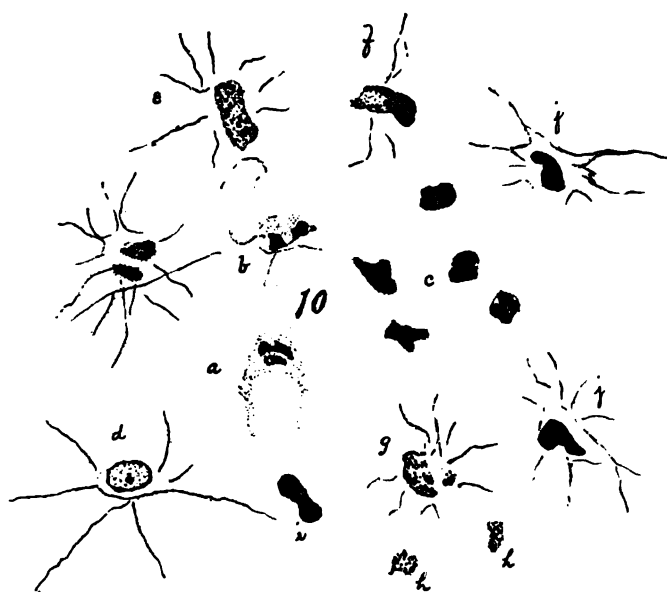
**FIG. 10.**—Various stages of proliferation and degeneration of neuroglia. *a* and *b* divided nuclei (Weigert method). *c* Nuclei showing tendency to divide. *d* Normal neuroglia cell (Weigert method). *e* Swollen nucleus. *f* Swollen nucleus with ruptured nuclear membrane (Robertson method). *g* Fragmented nucleus. *h* Shades of neuroglia nuclei. *i* Nucleus dividing. *j* Irregular nuclei.

All drawings made with Zeiss Ocular No. 1, oil immersion 1-12. All outlines made by aid of Abbe camera lucida.











Newark Tribune.....	Newark.
Newark Pioneer.....	Newark.
The Bloomfield Record.....	Bloomfield.
The Bloomfield Citizen.....	Bloomfield.
The Newark Item.....	Newark.
The Orange Journal.....	Orange.
Orange Sontagsblatt.....	Orange.
The Short Hills Item.....	Short Hills.
The Advance.....	Jamesburg.
Southwestern Presbyterian.....	New Orleans, La.
Paterson Volksfreund.....	Paterson.
De Telegraaf.....	Paterson.
Paterson Evening News.....	Paterson.
Passaic Daily News.....	Passaic.
Passaic City Record.....	Passaic.
The Union County Standard.....	Westfield.
The Westfield Leader.....	Westfield.
The Constitutionalist.....	Plainfield.
The Daily Press.....	Plainfield.
The Summit Herald.....	Summit.
The Summit Record.....	Summit.
Elizabeth Daily Journal.....	Elizabeth.
Union County Record.....	Elizabeth.
Freie Presse.....	Elizabeth.
New Jersey Advocate.....	Rahway.
The Hackensack Republican.....	Hackensack.
The Bergen County Index.....	Hackensack.
The Englewood Times.....	Englewood.
Bergen County Herald.....	Butherford.
Carlstadt Freie Presse.....	Carlstadt.
Hunterdon Republican.....	Flemington.
Democrat Advertiser.....	Flemington.
The Milford Leader.....	Milford.
The Frenchtown Star.....	Frenchtown.
The Morris County Chronicle.....	Morristown.
The True Democratic Banner.....	Morristown.
The Evening Express.....	Morristown.
The Jerseyman.....	Morristown.
The Iron Era.....	Dover.
The Dover Index.....	Dover.
The Morris Journal.....	Dover.
The Madison Eagle.....	Madison.
The Rockaway Record.....	Rockaway.
The Boonton Weekly Bulletin.....	Boonton.
The New Jersey Herald.....	Newton.
The Post.....	Phillipsburg.
The Warren Republican.....	Hackettstown.
The Warren Tidings.....	Washington.
The Warren Journal.....	Belvidere.

The Washington Star.....	Washington.
Warren Democrat.....	Phillipsburg.
The Morning Call.....	Paterson.
Paterson Daily Press.....	Paterson.
The Paterson Daily Guardian.....	Paterson.

## TREASURER'S REPORT.

---

*To the Managers of The New Jersey State Hospital at Morris Plains:*

GENTLEMEN—The Treasurer of The New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1897, to October 31st, 1898, inclusive:

### RECEIPTS.

Balance on hand November 1st, 1897.....		\$10,329 74
From State Treasurer for convict patients.....	\$14,857 15	
From State Treasurer for county patients.....	48,500 00	
From State Treasurer for State indigent patients.....	15,000 00	
From sundry counties for maintenance of county patients..	170,234 03	
From private patients.....	58,544 75	
From hides, tallow, &c.....	12,520 22	
From First National Bank, Morristown, for interest.....	49 07	
		319,705 22
		\$330,034 96

### DISBURSEMENTS.

On orders of Warden.....	\$311,600 73	
Balance in Treasurer's hands.....	18,434 23	
		\$330,034 96

**G. C. HINCHMAN,**  
Treasurer.

The New Jersey State Hospital at Morris Plains, November 10th, 1898. We hereby certify that we have examined the Treasurer's accounts, and compared the same with his books and vouchers and find them in accordance with the above statement and correctly stated and balanced.

GEORGE RICHARDS,  
JOHN A. MCBRIDE,  
JOHN C. EISELE,  
Auditing Committee.

## 60 , THE NEW JERSEY STATE HOSPITAL.

## RECAPITULATION.

*State Treasurer—Convict Patients.*

First quarter.....	\$3,605 00	
Second quarter.....	3,687 86	
Third quarter.....	3,824 29	
Fourth quarter.....	3,740 00	
	<hr/>	\$14,857 15

*State Treasurer—County Patients.*

First quarter.....	\$11,839 42	
Second quarter.....	12,368 14	
Third quarter.....	12,489 00	
Fourth quarter.....	11,855 44	
	<hr/>	48,500 00

*State Treasurer—State Indigent.*

First quarter.....	\$4,990 88	
Third quarter.....	7,313 88	
Fourth quarter.....	2,695 24	
	<hr/>	15,000 00

*County Collectors.*

First quarter.....	\$44,371 04	
Second quarter.....	27,505 49	
Third quarter.....	48,693 43	
Fourth quarter.....	49,664 07	
	<hr/>	170,234 03

*Private Patients.*

First quarter.....	\$15,205 54	
Second quarter.....	18,800 78	
Third quarter.....	16,597 63	
Fourth quarter.....	12,940 85	
	<hr/>	58,544 75

*Hides, Tallow, &c.*

First quarter.....	\$3,179 87	
Second quarter.....	2,859 08	
Third quarter.....	4,155 50	
Fourth quarter.....	2,325 77	
	<hr/>	12,520 22

*Interest.*

First quarter.....	\$15 88	
Second quarter.....	14 35	
Third quarter.....	13 06	
Fourth quarter.....	5 78	
	<hr/>	49 07
		<hr/>
		\$319,705 22

*Orders Paid.*

First quarter.....	\$75,081 17	
Second quarter.....	74,028 37	
Third quarter.....	91,362 80	
Fourth quarter.....	71,180 29	
	<hr/>	\$311,600 73





---

---

## WARDEN'S REPORT.

---

---

(68)



## WARDEN'S REPORT.

---

*To the Board of Managers of The New Jersey State Hospital at Morris Plains :*

GENTLEMEN—The annual report of my department for the year 1898, with the abstract of accounts and an itemized report of the products of the various departments, is herewith submitted.

The receipts and disbursements for the year have been as follows :

Balance on hand November 1st, 1897 .....	\$10,329 74	
Receipts from November 1st, 1897, to November 1st, 1898..	319,705 23	
		<u>\$330,034 96</u>
Total disbursements from November 1st, 1897, to November 1st, 1898...	311,600 73	
		<u>\$18,434 23</u>
Cash balance on hand November 1st, 1898.....		

The resources and liabilities at the close of the year are :

### RESOURCES.

Balance in hands of Treasurer.....	\$18,434 23	
Due from Hudson county as per bill rendered.....	625 91	
Due from Union county as per bill rendered.....	9,687 18	
Due from Warren county as per bill rendered.....	3,682 42	
Due from State Treasurer for county patients.....	4,794 27	
Due from State Treasurer for convict patients.....	4,244 63	
Due from State Treasurer for State patients.....	2,782 89	
Due from private patients as per bills rendered.....	5,583 11	
Due from Sailors' Snug Harbor.....	4,237 81	
Due from petty expense account.....	406 84	
Due from clothing issued.....	3,660 55	
		<u>\$58,139 84</u>

### LIABILITIES.

Bills payable.....	\$10,545 69	
Pay-roll for the month of October, 1898.....	7,659 26	
County patients paid beyond.....	4,101 28	
Private patients paid beyond.....	6,237 93	
Amount of bills rendered counties not yet earned.....	2,152 86	
Amount of bills rendered private patients not yet earned..	2,102 91	
		<u>32,799 93</u>
Balance above liabilities.....		<u>\$25,339 91</u>

Two thousand nine hundred and sixty-eight dollars and thirty-six cents (\$2,968.36) of the amount due from State Treasurer for convict patients is for clothing furnished the patients. The charges extend over a period of three years. When the Legislature changed the law making specific appropriations and changing the price of board from seven to five dollars for convict patients, they failed to make an appropriation for the clothing furnished. Previous to this change the law required the State Treasurer to pay for the clothing in addition to the board. At the suggestion of the Comptroller in a letter to the Treasurer of the Hospital, the bills have been made out as formerly.

The annual appraisement of the personal property made in the month of October amounts to \$157,501.82. Hon. Charles F. Hopkins, of Boonton, and Mr. Eugene S. Burke, of Morristown, who were appointed by your honorable Board to assist in this work, gave it their closest attention. We are under obligations to them for their valuable assistance.

#### YARDS.

During the past year the rear yards have been greatly improved. The fences were all taken down except the inclosure around the section wards. They have been rebuilt with the old material, and repainted. The north section yard has been enlarged. The grounds have been graded and seeded. New stone walks were laid, and on the north side parts of the fences taken down were utilized for walks. Two of the summer-houses have been moved within the inclosures.

#### NEW LOCKS.

New locks have been placed on all the entrances to the wards, to take the place of locks that had been in use since the opening of the house. These locks were very much worn, and so simple in their construction that they were no longer secure.

#### GRADING.

A great deal of grading has been done at the dairy buildings and along Hanover avenue, which bounds the property on the south to southwest. Progress has been made in grading the grove and entrance to the Hospital from the south.

**PAINTING.**

Several of the wards have been painted in the past year. The out-buildings and fences have also received the painters' attention. I recommend that during the coming year the exterior of the Hospital be painted.

**WATER-MAINS.**

The greatest undertaking during the past year has been the laying of the four and six-inch water-mains from the new reservoir to the annex, and continuing an eight-inch line to the old building and connecting it to the old and new fireplugs. This system is connected with a pipe-line from the pump-house to the upper reservoir, and makes it possible to feed the upper reservoir from the new.

**FARM.**

The products of the farm and garden will be found in the appendix. Excellent crops of corn, wheat, rye, hay and potatoes have been raised. The improvement to farm lands made by the draining of wet ground and the liberal use of fertilizers is beginning to pay for the money expended. The application of the sewage of the dairy buildings, hog-pens and slaughter-house, on about fifty acres of the farm land, shows marked improvement in the productiveness of the soil. The work of clearing up waste land has been continued during the past year. This is increasing the tillable land, thus making it possible to raise larger crops of corn and wheat than previously.

The improvements mentioned above bring a threefold good—

*First.* They improve the appearance of the property by removing stones and brush and leaving instead graded fertile land.

*Second.* They remove sources of contamination by draining the wet and marshy ground and caring for the sewage of the out-buildings.

*Third.* They enhance the value of the property by increasing the amount and fertility of its farm lands.

## DAIRY.

During the past year 251,570 quarts of milk have been produced. The average number of cows milked each day has been sixty-one. This gives a daily yield of 11.29 quarts per cow.

The comparison of this with other dairies will show that the average per cow is higher than usually found. Six hundred and eighty-nine quarts of milk have been consumed daily. This gives an allowance of about one pint for each person. This is fully up to the amount furnished in institutions of this character. From observation made since the last report, we are convinced that the original plan of building a dairy-house, with modern appliances for cooling, bottling and caring for the milk, is the right course. This would be quite as economical as our present method. One of the main benefits would be that the milk would be more satisfactorily distributed if bottled. It would also contribute to the care and cleanliness of the milk.

It is hoped that during the coming year a dairy-house will be built. There is an extra steam boiler which is now used for laundry purposes that can be placed in the dairy-house and used to furnish power for threshing, root and hay-cutting, as well as hot water and steam used in the dairy.

## GARDEN.

The garden has produced an abundance of vegetables for the use of the house. The main increase of the products has been in tomatoes. One thousand eight hundred and eighty-five bushels of tomatoes have been produced. It is intended to increase the yield of fruit and vegetables, so that the larger part of the canned goods used in the house can be supplied by the garden. Seven acres of land have been added to the garden, making in all about fifty acres.

## REQUIREMENTS.

The following is an approximate estimate of the amounts of money required from the State for the subjects herein mentioned for the fiscal year ending October 31st, 1899 :

**THE NEW JERSEY STATE HOSPITAL. 69**

<b>For the annual appraisement.....</b>	<b>\$75 00</b>
<b>For the salaries of resident officers.....</b>	<b>12,600 00</b>
<b>For the maintenance of county patients.....</b>	<b>53,000 00</b>
<b>For the support and clothing of insane convicts.....</b>	<b>16,500 00</b>
<b>For the support and clothing of State indigent patients.....</b>	<b>17,000 00</b>

**Respectfully submitted,**

**M. K. EVERITT,**  
Warden.

**The New Jersey State Hospital at Morris Plains, October 31st, 1898.**





# ABSTRACT OF ACCOUNTS.

*For the fiscal year ending October 31st, 1898.*

G. C. HINCHMAN, *Treasurer.*

## DE.

To balance October 31st, 1897.....	\$10,329 74
To amount received for board, clothing and incidental expenses of private patients.....	58,544 75
To amount received for board, clothing and incidental expenses of county patients.....	170,234 03
To amount received from State Treasurer for county patients.....	48,500 00
To amount received from State Treasurer for convict patients.....	14,857 15
To amount received from State Treasurer for State indigent patients....	15,000 00
To amount received for hides, tallow, &c.....	8,209 75
To amount received for sundries, rags, &c.....	1,462 05
To amount received for hogs and pigs.....	2,820 42
To amount received for rents.....	28 00
To amount received for interest.....	49 07
	<hr/>
	\$330,034 96

## CR.

Amusements .....	\$1,139 68
Additional salary of Pathologist.....	300 00
Books and stationery.....	1,014 26
Bedding, linen, &c.....	7,426 56
Care of lawns, fertilizer and labor.....	1,799 94
Clothing .....	11,594 52
Crockery and cutlery .....	876 73
Counsel fees in matter of new act, printing pamphlets, circulars, &c, in regard to new commitment law.....	1,098 53
Ditching and improvement to farm lands.....	3,266 03
Dairy, includes stock, feed and labor.....	7,206 07
Farm, labor, stock, fertilizers.....	11,835 59
Flour .....	7,185 35
Fencing, material and labor, principally about dairy barn .....	873 17
Fruit ..	2,379 15
Freight.....	4,406 90
Furniture .....	4,204 39
Fuel .....	13,561 84
Funeral expenses.....	1,019 00

Garden, labor, seeds, fertilizers.....	\$3,124 49
Greenhouse, labor, seeds and plants..	1,126 62
Grading.....	3,487 33
Hay and straw.....	63 69
Harness, wagons, &c.....	1,570 38
Household goods .....	2,317 73
Improvement to buildings.....	5,527 11
Insurance.....	1,602 50
Incidentals.....	3,655 68
Laundry.....	5,940 36
Light .....	8,639 35
Labor, digging and filling trench for water-mains.....	3,321 79
Laundry machinery.....	410 00
Medical supplies.....	5,504 30
Medical library.....	489 60
Material used and wages of tinsmith. ....	846 35
Newspapers.....	58 06
New locks for Hospital, labor and material.....	973 55
Provisions and groceries.....	98,095 52
Postage.....	834 94
Petty current expenses.....	500 00
Pathological.....	73 38
Religious services.....	166 50
Revenue stamps.....	10 00
Refunding.....	1,728 41
Repairs.....	16,180 24
Smith and wheelwright, labor and material.....	1,223 72
Stone walks, material and labor, rear yards.....	485 38
Tools and supplies, boiler-house and machine shop.....	485 65
Telegrams, telephone rental, &c.....	1,007 65
Vegetables.....	3,259 52
Water-main, hydrants and engineers' services.....	3,370 56
Wages.....	54,334 68
	<hr/>
	\$311,600 73
Balance in hands of Treasurer October 31st, 1898.....	\$18,434 23

# APPENDIX TO WARDEN'S REPORT.

## FARM AND GARDEN PRODUCTS.

DAIRY AND FARM, 1898.

251,570	Quarts milk (average number of cows milked, 61; average per cow, 11.29 quarts).....@	\$0 04	\$10,062 80
120	Dozen eggs.....	20	24 00
225	Tons of hay.....	12 50	2,812 50
18	Tons of rye straw.....	15 00	270 00
12	Tons of wheat straw.....	10 00	120 00
5	Tons of oat straw.....	5 00	25 00
500	Bushels rye.....	40	300 00
400	Bushels wheat.....	1 00	400 00
570	Bushels oats.....	25	142 50
2,100	Bushels corn.....	40	840 00
2,300	Bushels potatoes.....	65	1,495 00
3,000	Bushels cow horn turnips.....	25	750 00
200	Bushels winter apples.....	65	130 00
75	Bushels windfall apples.....	50	37 50
476	Bushels cider apples.....	10	47 60
7,000	Bundles corn stalks.....	3	210 00
26	Weeks' pasture for 68 head stock.....	50	884 00
			<hr/> \$18,385 90

### STOCK.

6,006	Pounds veal (40 calves)..... @	\$0 10	\$600 60
60	Fowls.....	50	30 00
48	Cattle slaughtered, 31,808 pounds.....	7½	2,385 60
	Amount received for hogs sold.....		2,820 42
			<hr/> \$24,222 52

### GARDEN, 1898.

1,885	Bushels tomatoes.....@	\$0 75	\$1,413 75
1,016	Bushels potatoes.....	65	660 40
800	Bushels carrots.....	40	320 00
350	Bushels parsnips.....	40	140 00
850	Bushels beets.....	35	297 50
550	Bushels yellow stone turnips.....	30	165 00
520	Bushels white turnips.....	30	156 00
440	Bushels rutabaga.....	30	132 00
800	Bushels mangel wurzel.....	30	240 00

225	Bushels onions.....	\$0 50	\$112 50
10	Bushels onion-sets.....	3 00	30 00
145	Bushels apples, selected.....	65	94 25
60	Bushels apples, cider.....	10	6 00
400	Bushels spinach.....	40	160 00
775	Bushels kale.....	30	232 50
600	Bushels bush beans.....	50	300 00
175	Bushels lima beans.....	75	131 25
565	Bushels peas.....	90	508 50
175	Bushels cucumbers.....	60	105 00
90	Bushels cucumber pickles.....	1 25	112 50
5	Bushels onions (pickling).....	75	8 75
40	Bushels horseradish.....	1 00	40 00
150	Bushels grapes.....	1 00	150 00
261	Bushels squash.....	40	104 40
40,000	Heads celery.....	2½	1,000 00
18,000	Heads cabbage.....	4	720 00
20,250	Heads lettuce.....	1½	303 75
200	Heads early cauliflower.....	5	10 00
30,000	Bunches onions.....	1½	450 00
35,000	Bunches radishes.....	1½	525 00
1,300	Bunches carrots (for soup).....	2	28 00
10,000	Bunches asparagus.....	10	1,000 00
12,000	Bunches rhubarb.....	4	480 00
2,000	Bunches parsley.....	3	60 00
2,000	Bunches leeks.....	3	60 00
1,197	Bunches celery (for soup).....	5	59 85
200	Bunches sage.....	5	10 00
150	Bunches thyme.....	5	7 50
150	Bunches savory.....	5	7 50
100	Bunches sweet marjoram.....	5	5 00
50	Bunches tarragon.....	10	5 00
50	Bunches chive.....	10	5 00
10	Baskets pears (Sheldon).....	75	7 50
10	Baskets pears (David Seedling).....	60	6 00
75	Baskets pears (Seckel).....	50	37 50
5,000	Musk melons.....	4	200 00
31,000	Ears sweet corn.....	1	310 00
1,200	Bundles corn stalks.....	3	36 00
400	Cheese pumpkins.....	5	20 00
2,000	Peppers.....	0½	5 00
3,000	Eggplants.....	4	120 00
4,470	Quarts strawberries.....	10	447 00
1,500	Quarts blackberries.....	10	150 00
1,500	Quarts raspberries.....	10	150 00
300	Quarts currants.....	10	80 00
200	Quarts gooseberries.....	5	10 00
1,000	Quarts cherries.....	10	100 00
Total.....			\$11,978 90

## CUT FLOWERS AND PLANTS FURNISHED, 1898.

## CUT FLOWERS.

Roses .....	2,900
Chrysanthemums .....	800
Violets .....	4,000
Carnations .....	16,000
Stevia .....	400
Sweet peas .....	3,500
Iris .....	500
Asters .....	1,500
Freesia .....	500
Gladiolus .....	400
Tuberose .....	200
Dahlias .....	600
Bunches of gaillardia .....	50
Bunches of cosmos .....	250
Delphinium .....	150
Bunches of phlox .....	75
Roman hyacinths .....	400
Tulips .....	500
Bunches of antirrhinum .....	50
Pansies .....	500
Calla lilies .....	150
Strings of smilax .....	150
Strings of asparagus .....	50
Mignonette .....	400
Sprays of bougainvillea .....	50

## DECORATIVE AND BLOOMING PLANTS IN POTS.

Easter lilies .....	50
Azalea indica .....	30
Calla lilies .....	75
Cineraria .....	100
Dutch hyacinths .....	250
Chinese narcissus .....	20
Begonia .....	250
Chinese primroses .....	100
Crotons .....	300
Chrysanthemums .....	700
Narcissus .....	150
Hydrangea .....	50
Abutilon .....	100
Acalypha .....	100
Marguerites .....	25

## PLANTS AND BULBS GROWN FOR FLOWER-BEDS.

Geranium .....	2,500
Canna .....	1,300
Caladium.....	200
Salvia (scarlet large).....	300
Banana plants.....	10
Coleus .....	4,000
Heliotrope .....	150
Vinca.....	400
Stevia.....	600
Althernanthera .....	600
Echeveria .....	400
Petunia.....	400
Cineraria maritima.....	500
Begonia vernon.....	400
Ageratum.....	500
Rose plants for forcing.....	1,100
Carnation plants.....	900
Violet plants.....	500
Pansies .....	1,500
Daisy .....	1,000
Forget me not .....	500
Cowslips.....	75

## ACCOUNT OF FRUIT, &amp;c, CANNED AND PRESERVED.

Peaches .....	71	quarts
Cherries .....	21	quarts
Plums .....	3	quarts
Raspberries .....	55	quarts
Strawberries.....	170	quarts
Pickled peaches.....	10	quarts
Preserved pears .....	3	quarts
Pickled cucumbers.....	35	quarts
Chili sauce .....	2	quarts
Mangoes .....	8	quarts
Pickled tomatoes.....	4	quarts
Orabapples .....	10	quarts
Pears .....	4	quarts
Orabapple jelly.....	21	glasses
Current jelly.....	27	glasses
Strawberry jelly.....	7	glasses
Tomatoes.....	2,810	gallons
Corn .....	80	quarts
Pickles .....	150	gallons

REPORT OF WORK DONE IN SEWING-ROOM FOR THE YEAR  
ENDING OCTOBER 31st, 1898.

Sheets.....	2,601
Double sheets.....	82
Pillow-cases.....	3,292
Hand towels.....	2,582
Roller towels.....	112
Dish towels.....	1,123
Table cloths hemmed.....	170
Napkins hemmed.....	426
Kitchen aprons.....	316
Chef aprons.....	6
Steward aprons.....	6
Blankets hemmed.....	758
Burial robes.....	32
Burial sheets.....	32
Burial chemise.....	32
Burial petticoats.....	32
Curtains.....	135
Curtain bands.....	135
Chemise.....	682
Petticoats.....	378
Drawers.....	359
Underwaists.....	22
Night-dresses.....	7
Dresses.....	865
Dress waists.....	15
Dress skirt.....	1
Dresses altered.....	10
Wrappers.....	16
Total number of pieces.....	14,227

RETURN OF WORK DONE IN MATTRESS-ROOM AND SHOE-SHOP.

Single hair mattresses made, new.....	912
Double hair mattresses made, new.....	12
Single hair mattresses made over.....	1,207
Double hair mattresses made over.....	39
Single mattress ticks made, new.....	977
Double mattress ticks made, new.....	12
Hair pillows made, new.....	910
Hair pillows made over.....	1,987
Pillow ticks made, new.....	1,008
Feather pillows made, new.....	182
Sofa pillows made, new.....	6
Pieces of furniture upholstered.....	98



Large hall carpets made, new.....	6
Large hall carpets made over.....	11
Alcove carpets made, new.....	9
Alcove carpets made over.....	8
Connecting carpets, hall, made, new.....	4
Connecting hall carpets made over.....	6
Parlor carpet made, new.....	1
Parlor carpets made over.....	8
Room carpets made new.....	306
Room carpets made over.....	268
Carpets taken up.....	912
Carpets laid.....	912
Carpets repaired.....	198
Yards carpet hemmed.....	864
Yards carpet bound.....	216
Rooms laid with rush matting.....	2
Rooms laid with linoleum.....	5
Chairs caned.....	189
Settees caned.....	9
Window shades repaired.....	289
Holland shades made, new.....	379
Long window curtains made, new.....	4
Long window curtains hung, pairs.....	28
Ottomans made, new.....	39
Carpet door-mats made, new.....	31
Pairs of holders made for bakery and gas-house.....	160
Pieces of harness repaired.....	98
Pieces of harness made, new.....	37
Bed protectors made, new.....	702
Bed protectors repaired.....	374
Horse blankets repaired.....	25
Sets of mangle aprons made, new.....	10
Sets of mangle aprons repaired.....	2
Chair cushions made, new.....	26
Awnings made, new.....	27
Awnings put up.....	27
Awnings taken down.....	27
Mattress ticks repaired.....	320
American flags, size 10 x 20, made, new.....	3
Pairs of boots, slippers and shoes repaired.....	598
Total.....	14,780

## RETURN OF WORK DONE IN TIN-SHOP, 1898.

Dish pans.....	30
Scrap pans.....	12
Cake pans.....	43
Biscuit pans.....	7

# THE NEW JERSEY STATE HOSPITAL. 79

Tin pails.....	56
Sauce pans.....	12
Diet cups.....	308
Drinking cups.....	207
Diet cup covers.....	100
Bread boxes.....	12
Coffee and tea pots.....	15
Sprinkling pots.....	6
Milk pitchers.....	36
Steamers, large.....	18
Steak boxes.....	6
Special diet boxes.....	20
Grease cans.....	12
Two-gallon fruit cans.....	800
Two-gallon fruit cans, new tops.....	500
Flats for special diet.....	104
Dinner boxes for steam cars.....	18
Keys cut.....	86
Brass tags.....	46
Other pieces as needed.....	107
Pieces of tinware repaired.....	892
Locks repaired.....	345
Knives sharpened.....	134
Scissors sharpened.....	81
Total number of pieces.....	<hr/> 4,013

## OUTSIDE WORK.

Square feet tin roofing.....	1,260
Lineal feet galvanized iron gutter.....	76
Lineal feet leaders.....	106
Also repairs to slate and tin roofs, gutters, leaders, waiter bells, speaking tubes, &c.	



# REQUIREMENTS FOR ADMISSION OF PATIENTS TO THE STATE HOSPITALS OF NEW JERSEY.

---

## PRIVATE PATIENTS.

The admission of a private or pay-patient requires the certificates of two physicians who have been in practice for five years ; their signatures must be sworn to before a notary public or other proper officer of the law ; one written request for admission, signed by a near relative or the guardian of the patient, which need not be sworn to ; a bond signed by two responsible property-owners, one of which (preferably both) must be a resident of, and own property in, the State of New Jersey. It is not necessary that the bond be sworn to. (See forms appended.)

Thirteen (13) weeks' board and medical attention must be paid for at the time of the admission of the patient, and quarterly, in advance, thereafter. These requirements must be met before the patient can be admitted.

The rates range from five dollars (\$5) to fifty dollars (\$50) per week, which includes medical attention, board, room and washing. No private patients are admitted for less than five dollars (\$5) per week. No patient not a resident of New Jersey will be admitted for less than ten dollars (\$10) per week.

All the necessary blanks for the admission of private patients will be promptly forwarded upon application to the Medical Director.

When practicable, a visit to the institution and a personal interview with its officers previous to completing arrangements is advised.

## INDIGENT PATIENTS.

For the admission of indigent patients a request, and the certificates of two physicians are required as in the admission of private patients, differing in that the indigent papers have the word "*indigent*" in

them, showing that the person whose admission is requested is believed to be without means of support and unable to pay for his maintenance in the Hospital.

The law of 1898 requires the certificates of two physicians to the insanity of the patient before his admission can be secured into any Hospital of New Jersey, and these certificates, to be valid, shall bear date no more than ten days prior to the commitment of the person named therein. If more than ten days elapse between the making of the certificates and the taking of the patient to the Hospital, the certificates become invalid, and new ones must be made out in order to secure the patient's commitment.

The original commitment papers, or certified copies of them, must be promptly forwarded to a judge of the court, who, after reviewing the case, makes out an order of approval, if the evidence of insanity be clear and sufficient. This makes the commitment complete.

The visiting days and hours are Mondays, Wednesdays and Fridays, from 2 to 5 P. M.

The above requirements are regulated by statute and the action of the Board of Managers and cannot be changed by resident officers.

Communications and inquiries relative to patients should be addressed to the Medical Director, who will give them prompt attention.

The forms of requests, certificates, bonds, &c., are appended. The Medical Director will supply all necessary blank commitment papers in response to application for them.

The person writing for papers should always mention whether the patient to be committed is in indigent circumstances or able to pay for his maintenance, and also state the sex.

## FORMS AND NOTES.

(1.)

**Request for Private Patient's Commitment to State Hospital for the Insane.**

*To the Medical Director of the New Jersey State Hospital at ..... :*

The undersigned, of ....., in the county of ....., and State of  
City or town.  
....., being desirous of having ....., an insane person of  
Full name of patient.

the county of ....., and State of ....., committed to and confined  
as a patient in the New Jersey State Hospital at....., hereby  
requests the admission therein of the said ....., for the  
Full name of patient.

purpose aforesaid. Said ....., was born at ....., on  
Full name of patient. City or town.

....., resides at ....., and is a .....  
Date of birth. State patient's residence with particularity. Profession,

..... The undersigned is a .....  
trade or calling of patient. State degree of relation or other

..... of the said .....  
circumstance of connection between patient and person } Full name of patient.  
making request.

Dated ....., 189.....

Name of person making request. ....

P. O. address, .....

Street and number, .....

City, .....

County, .....

State, .....

(2.)

**Certificate of Insanity of Patient by Physician Resident of New Jersey.**

Two certificates in the form following must be made in the case of every patient to secure his commitment to, and confinement in, any hospital in this State. The physicians making the certificates must have all of the qualifications set out in the form. Laws of 1898, chapter 130, sections 1 and 2. County clerks

(88)

and others printing blank forms of these certificates, should be careful to leave ample space for the writing of descriptive matter and answering of queries. The spaces in the form of blank printed below will be seen at a glance to be inadequate to admit of ample and proper statements and answers.

I, ....., of ....., in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ....., and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ....., alleged to be insane, and whose admission into the New Jersey State Hospital at.....has been requested by ..... of ....., in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to, and confined in, said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said .....

1. Patient resides at ....., county of .....; age, ..... years; nativity (*if foreign, how long in U. S.*), .....; sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, .....; of mother, .....

3. Number of previous attacks, .....; present attack began ..... 18..... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*)

.....  
4. Was the present attack gradual or rapid in its onset?

.....  
5. What is the patient's general physical condition?

.....  
(*If afflicted with any infirmity or disease other than insanity, state it.*)

.....  
6. Is the patient cleanly or uncleanly in personal habits?

.....  
7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened it should be so stated.*)

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said ....., upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):

(2) The patient (*state what the patient did in presence of the physician, and also describe his or her appearance and manner*):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

....., Physician.

#### AFFIDAVIT.

This affidavit may be made before any officer authorized by the laws of the State of New Jersey to administer oaths.

State of New Jersey, county of.....ss.—....., being duly sworn according to law, on his oath says that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

Sworn to and subscribed before me this.....day of ....., 189...



(3.)

**Certificate of Insanity of Non-resident Patient by Non-resident Physician.**

By the proviso to the second section of chapter 130 of the Laws of 1898, a non-resident of New Jersey may be committed as a patient to any hospital for the insane, public or private, or any institution or retreat for care and treatment of the insane in this State, upon the filing with the medical director (or other head officer) of such hospital, institution or retreat of a request in writing, as provided for in the first section of the act, and upon the certificates of two physicians, residents of the State from which such non-resident may be sent, which certificates shall be the same as required by the first section, and the non-resident physicians shall have all of the qualifications required by the laws of the State of which they are residents, to secure the commitment of patients resident in such State to any of the institutions mentioned, located in such State. After the commitment of any such non-resident patient into any hospital, institution or retreat in this State, his further commitment and detention must be secured by the certificates of resident physicians, and in all other respects according to the provisions of the act of 1898. Besides what has been said in this note, all of the remarks in the note at the head of form (2), being the certificate of insanity by physician resident of New Jersey, are applicable.

I, ....., of....., in the county of....., and State of....., do hereby certify that I am a graduate of.....and a permanent resident of the State of....., and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of....., alleged to be insane, and whose admission into the New Jersey State Hospital at.....has been requested by.....of.....in the State of....., and I am of the opinion that the said.....is insane, and a proper person to be committed to, and confined in, said Hospital; that I am not superintendent, proprietor, or an officer or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....; and that I have all of the qualifications required by the laws of the State of ....., in which the said.....and myself are residents, to secure the commitment of patients resident in said last-named State to any hospital for the insane, or any institution or retreat for the care and treatment of the insane in said last-named State.

That the following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said.....

1. Patient resides at....., county, of.....; age, .....years; nativity (if foreign, how long in U. S.),.....; sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. *(Strike out words not required.)*

2. Birthplace of father, .....; of mother.....

3. Number of previous attacks, .....; present attack began ..... 18..... *(If the patient has ever been an inmate of an institution for the insane, state when and where.)*

4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

*(If afflicted with any infirmity or disease other than insanity, state it)*

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? *(If either homicide or suicide has been attempted or threatened it should be so stated.)*

8. What is the supposed cause of the insanity? *(State both predisposing and exciting causes, if known.)*

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. *(State any hereditary taint of insanity that can be ascertained.)*

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said..... upon which my opinion is founded:

(1) The patient said *(state what the patient said, if anything, in the presence of the physician):*

(2) The patient *(state what the patient did in presence of the physician, and also describe his or her appearance and manner):*

(3) Other facts perceived by me indicating insanity :  
 .....

(4) Facts indicating insanity communicated to me by others.  
*(State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.)*  
 .....

....., *Physician.*

#### AFFIDAVIT.

This affidavit may be made out of the State of New Jersey before any notary public of the State, Territory, nation, kingdom or country in which the same shall be taken, or before any officer who may be authorized by the laws of this State to take acknowledgments of deeds in such State, Territory, nation, kingdom or country, and a recital that he is such notary or officer in the jurat or certificate of such affidavit, and his official designation affixed to his signature, and attested under his official seal, shall be sufficient proof that he is such notary or officer. See act relative to oaths and affidavits, General Statutes, volume 2, page 2333, section 37. Notwithstanding this statute, an affidavit taken out of this State before a notary public, if subscribed by him as "notary public" and sealed with his official seal, will be valid *prima facie*. See *Magowan v. Baird*, 8 Dick. Ch. Rep. 666. The jurat to this affidavit has been drawn in the form prescribed by the statute, and if followed by officers taking this affidavit out of the State, it will avoid any question as to regularity and validity.

State of....., county of.....ss.—....., being duly sworn according to law, on his oath says that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

.....

Sworn to and subscribed before me, a.....of the State of....., at....., in said State, and I do hereby certify that I am such....., of the State of....., commissioned and sworn, and duly authorized to take the foregoing affidavit.

Witness my hand and official seal, this.....day of....., eighteen hundred and ninety.....

..... [L. S.]

## (4.)

**Medical Director's Certificate as to Copies of Request  
and Physicians' Certificates.**

The medical director (or other head officer) of all hospitals should print copies of the blank forms containing the request for the patient's admission, and the certificates of physicians to secure such admission, and append to each copy of request and certificates the following form, so that upon the commitment of the patient and lodgment with the medical director (or other head officer), of the request and certificates, a copy of the same may be filled out, signed and sent to the proper judicial officer, that he may approve or disapprove the certificates upon examination, or after inquiry, with or without the aid of a jury, as in his discretion he may see fit.

I, ....., Medical Director of the New Jersey State Hospital at ....., do hereby certify that the foregoing are true copies of the request for the commitment to and confinement in said Hospital as a patient of....., and of the verified certificates of.....and....., physicians who examined and who certify to the insanity of the said .....; and that the said.....was committed to said Hospital on the.....day of....., eighteen hundred and ninety....., under and by virtue of said request and certificates; and that he still remains confined in said Hospital.

In testimony whereof, I have hereunto set my hand and the seal of said Hospital this.....day of....., eighteen hundred and ninety-.....

....., Medical Director. [L. S.]

## (5.)

**Judge's Order Approving Certificates of Insanity.**

By the first section of chapter 130 of the Laws of 1898, it is provided, that no person shall be committed to, or confined in, any insane hospital, except upon a request in writing of a relative or other person interested in the patient, nor except upon the certificates of two physicians, under oath, setting forth the insanity of such person; but no person so committed shall be held in confinement in any such hospital for more than fifteen days, unless within that time the person making the request for the patient's admission shall present, or cause to be presented, to a judge of the Court of Common Pleas of the county in which the alleged insane person resides, or other judicial officer mentioned in the act, the request and certificate mentioned, or copies of the same certified by the medical director of the hospital, and obtain the approval of such judge, or other judicial officer. Upon the presentation to him of the request and certificates, which it is believed will usually be in the shape

of certified copies, he may, upon examination of the request and certificates, approve or disapprove the same, or he may take proofs as to the alleged insanity of the patient, with or without the aid of a jury, before making such approval or disapproval; being given power by the act to send for witnesses and jurors. The following form is one for use in the case of a judge's approving of the certificates of insanity presented to him, when he does not deem it necessary for any reason to make any further inquiry or take the verdict of a jury. If found to be insane, whether by approval of certificates or after further inquiry, the patient shall be confined in the hospital until he shall be restored to reason, or removed or discharged according to law.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as patient in, the New Jersey State Hospital for the Insane at ....., of ....., and of the certificates of ....., and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof; and having examined the said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, do hereby order that the same be and are hereby approved, all of which I do hereby certify, to the end that the said ..... shall be confined in said Hospital, pursuant to the statute in such case made and provided, until he be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of ....., eighteen hundred and ninety- .....

....., J. [L. S.]

---

(6.)

#### Subpoena for Witnesses.

New Jersey, ss —The State of New Jersey to.....  
 .....

Greeting: For good and sufficient reasons, you are hereby commanded that you personally be and appear before the Honorable ....., Judge of the Court of Common Pleas of the county of ....., at....., in ....., on the ..... day of ....., at ..... o'clock

in the.....noon, to testify, according to your knowledge, in the matter of ....., alleged to be insane. Hereof fail not at your peril.

Witness my hand and seal, at ....., this ..... day of....., eighteen hundred and ninety-.....

....., J. [L. S.]

#### OATH TO WITNESS.

You do solemnly swear that the evidence you shall give in the matter of ....., alleged to be insane, shall be the truth, the whole truth, and nothing but the truth. So help you God.

---

(7.)

#### Precept to Sheriff to Summon a Jury.

Any jury summoned to inquire into the insanity, indigence or legal settlement of any person under the act of 1898, chapter 130, should consist of twelve men. The only exceptions to a twelve-men jury in our law are cases under commissions in the nature of writs *de lunatico inquirendo* out of Chancery, and in small cause courts and coroners' inquests.

New Jersey, *ss.*—The State of New Jersey to the Sheriff of the county of ..... Greeting: Whereas copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at ....., of ....., of the county of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, have been presented to me, ....., Judge of the Court of Common Pleas of the county of ....., and having examined said request and certificates, and duly considered the same, and deeming it right and proper to institute inquiry and take proofs in the said matter before approving or disapproving of such certificates, and deeming it necessary to call a jury in the premises—these are therefore to will and require you to cause to come and appear before me twelve good and lawful men of said county of ..... above the age of twenty-one years and under the age of sixty-five years, at ....., on ....., the ..... day of ....., at ..... o'clock in the ..... noon of the same day, then and there, upon their oaths and affirmations to inquire of all such matters and things as shall be given them in charge

in the matter of the said ....., alleged to be insane; and thereof fail not at your peril.

Given under my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

....., J. [L. S.]

*(Return of Sheriff annexed to precept.)*

The execution of the within precept appears by the panel annexed.  
....., Sheriff.

.....County, ss.:

Names of the jurors to inquire according to the tenor of the precept annexed: *(Here follow the names of the jurors.)*

.....

#### OATH TO JUROR.

You do solemnly swear that you will well and truly try and inquire of all such matters and things as shall be given you in charge in the matter of....., alleged to be insane, and a true finding and determination make, according to the evidence. So help you God.

---

(S.)

#### Judge's Certificate that Inquiry Cannot be Made and Concluded Within Five Days.

By the first section of the act of 1898, chapter 130, it is provided that the judicial officer to whom shall be presented the request and certificates for the commitment to and confinement as a patient in, any hospital for the insane in this State, shall certify his approval or disapproval of such certificates within five days after their presentation to him, but if such inquiry cannot be conveniently made and concluded within that time, then the judicial officer shall so certify to the medical director of the hospital in which the patient is confined that a longer (stating how much longer) period than five days is necessary to conclude such inquiry, and shall order that the patient remain in such hospital until the inquiry shall have been concluded.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at....., of....., alleged to be insane, and of the certificates of.....and.....

physicians who certify to the insanity of said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, having examined said request and certificates and duly considered the same, and deeming it right and proper to institute inquiry and take proofs as to the alleged insanity of said....., before approving or disapproving of such certificates, but not being conveniently able to make and conclude such inquiry within five days after the.....day of....., 189... (the date of the presentation to me of such certificates), all of which I do hereby certify; and I do hereby further certify that a longer period than said five days, to wit, .....days after the expiration of said five days, is required within which to make and conclude said inquiry; therefore I do hereby order and direct that the said....., alleged to be insane, be and remain in said New Jersey State Hospital at....., until said inquiry shall have been concluded as aforesaid, pursuant to the statute in such case made and provided; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this..... day of....., eighteen hundred and ninety-.....

....., J. [L. S.]

---

(9.)

#### Judge's Order Approving Certificates of Insanity, after Inquiry

This form of determination of insanity will be used where the judge to whom the request in writing and the certificates for the admission of any patient to a hospital for the insane have been presented, shall institute inquiry as to the alleged insanity of the patient, and examine witnesses touching such insanity, without summoning a jury to pass upon the question.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates and duly considered same, and deeming it right and proper to institute inquiry and take proofs as to the alleged



insanity of the said ....., before approving or disapproving of such certificates, but not deeming it necessary to call a jury, did call before me ....., credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity of the said ....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said ..... is insane, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ..... shall be confined in the said Hospital, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of ....., eighteen hundred and ninety-.....

....., J. [L. S.]

(10.)

#### Judge's Order Approving Certificates of Insanity, After Inquiry and Upon Verdict of a Jury.

This form of determination of insanity will be used where the judge to whom the request in writing and the certificates for the admission of any patient to such hospital have been presented, shall institute inquiry as to the alleged insanity of a person, and examine witnesses touching such insanity, before a jury, whose determination he will take as a finding in the case.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said .....; which copies are certified by the Medical Director of said Hospital, under the seal thereof; and having examined said request and certificates and duly considered the same, and deeming it right and proper to institute inquiry and take proofs as to the alleged insanity of the said ..... before approving or disapproving of such certificates, and deeming it necessary to call a jury, did issue my precept to the Sheriff of the county of ....., for that purpose, who thereupon caused to appear before me twelve good and lawful men of said county of .....,

duly qualified according to law, at....., on....., the.....day of....., and the said jurors being duly sworn to inquire as to the insanity of the said....., and having called before me .....credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity of the said....., before the said jury, and the said jury upon their oath found and determined the said.....to be insane, and it appearing satisfactorily to me from the certificates aforesaid, and the determination of said jury, that the said.....is insane, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said.....shall be confined in the said Hospital, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this..... day of....., eighteen hundred and ninety-.....

....., J. [L. S.]

---

(11.)

#### Judge's Order Disapproving Certificates of Insanity.

Whenever a judge to whom the request in writing and the certificates for the admission of any patient to any hospital for the insane have been presented, shall conclude that the certificates do not contain sufficient facts to warrant a finding of insanity, he may disapprove the same, and so certify to the medical director of the hospital in which the person is confined, who shall forthwith discharge him therefrom. The same form can be used upon disapproval of the certificates where the application is made on behalf of an insane indigent patient, under section 5 of the act of 1898.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates and duly considered the same, and not being satisfied with the sufficiency of said request and certificates, or that

the said ..... is insane, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby disapproved, to the end that the said ..... shall be forthwith discharged from said Hospital, pursuant to the statute in such case made and provided; and this shall be a sufficient warrant and authority for such discharge.

Witness my hand and seal, at ..... , this ..... day of ..... , eighteen hundred and ninety- .....

....., J. [L. S.]

---

(12.)

**Judge's Order Disapproving Certificates of Insanity Upon Finding, After Inquiry, that Person is Not Insane.**

Whenever a judge to whom the request in writing and the certificates for the admission of a patient to any hospital for the insane have been presented, shall, after inquiry, conclude that the person sought to be confined in such hospital is not insane, he will so certify to the medical director of the hospital, and the person shall be forthwith discharged therefrom. Laws of 1898, chapter 130, section 1. The same form can be used after inquiry in cases where the application is made on behalf of an insane and indigent patient, under section 5 of the act.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital for the Insane at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates and duly considered the same, and deeming it right and proper to institute inquiry and take proofs as to the alleged insanity of the said ....., before approving or disapproving of such certificates, but not deeming it necessary to call a jury, did call before me.....  
 .....  
 credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity of the said ....., and having duly considered their testimony, I find and determine that the said ..... is not insane, all of which I do hereby certify, to the

end that the said.....shall be forthwith discharged from said Hospital, pursuant to the statute in such case made and provided; and this shall be a sufficient warrant and authority for such discharge.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

....., J. [L. S.]

---

(13.)

**Judge's Order Disapproving Certificates of Insanity Upon Finding After Inquiry and Upon Verdict of a Jury that Person is Not Insane.**

Whenever a judge to whom the request in writing and the certificates for the admission of a patient to any hospital for the insane have been presented, shall institute inquiry upon the oath of a jury as to the insanity of such patient, and the jury shall find the person not to be insane, he will so certify to the medical director, and the person shall be forthwith discharged from the hospital. Laws of 1898, chapter 130, section 1. The same form can be used after inquiry and verdict of jury in cases where the application is made on behalf of an insane indigent patient, under section 5 of the act of 1898.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as a patient in, the New Jersey State Hospital at....., of....., and of the certificates of..... and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates and duly considered the same, and having deemed it right and proper to institute inquiry and take proofs as to the alleged insanity of the said....., before approving or disapproving of such certificates, and having deemed it necessary to call a jury in the premises, did issue my precept to the Sheriff of the county of.....for that purpose, who thereupon caused to be and appear before me twelve good and lawful men of said county, duly qualified according to law, at....., on....., the.....day of....., and the said jurors being duly sworn to inquire as to the insanity of the said....., and having called before me..... credible witnesses, and examined them, and each of them, upon their

several corporal oaths, touching the insanity of the said....., before the said jury, and the said jury upon their oath found and determined that the said.....is not insane, all of which I do hereby certify, to the end that said.....shall be forthwith discharged from said Hospital, pursuant to the statute in such case made and provided; and this shall be a sufficient warrant and authority for such discharge.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety- .....

....., J. [L. S.]

(14 )

**Request for Indigent Patient's Commitment to State Hospital  
for the Insane.**

This request is in the same form as the blank numbered (1), except the word "indigent" is incorporated into this form to bring the case within the purview of section 5 of chapter 130 of the Laws of 1898.

*To the Medical Director of the New Jersey State Hospital at ..... :*

The undersigned, of ....., in the county of ....., and State  
City or town.  
of ....., being desirous of having ....., an indigent in-  
Full name of patient.

sane person of the county of ....., and State of ....., committed  
to, and confined as a patient in, the New Jersey State Hospital  
at....., hereby requests the admission therein of the said  
....., for the purpose aforesaid. Said ....., was  
Full name of patient. Full name of patient.

born at ....., on ....., resides .....  
City or town. Date of birth. State patient's residence with particularity.

and is a ..... The undersigned is a  
Profession, trade or calling of patient.

..... of the said .....  
State degree of relation or other Full name of patient.  
circumstance of connection  
between patient and person  
making request.

Dated ....., 189.....

Name of person making request, ..... .....

P. O. address, .....  
Street and number, .....  
City, .....  
County, .....  
State, .....

(15.)

**Judge's Order Approving Certificates of Insanity, and Finding of Indigence and Legal Settlement, after Inquiry.**

Under the fifth section of chapter 130 of the Laws of 1898, it will be necessary for the judicial officer to whom may be presented copies of the request in writing for the admission to, and confinement as an indigent patient in, any hospital or asylum for the insane in this State, to institute inquiry as to the indigence and legal settlement of the patient, even if he be satisfied with the sufficiency of the certificates of the patient's insanity, and does not deem it necessary to make any inquiry beyond an examination of the certificates to find the fact of insanity. A finding in the following form will be made where the judge approves of the certificates and finds the indigence and legal settlement of a person from the testimony of witnesses without the intervention of a jury. One of the recitals in the form is that the indigent has not sufficient estate to support not only himself but his family, under the visitation of insanity. If it appears from the proofs that he has no family, the words in parenthesis "(and his family)," should be stricken out.

This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined, a copy thereof, under the seal of the county, and he shall report the facts to the board of chosen freeholders of such county, whose duty it shall be to raise the money requisite to meet the expenses of the indigent's support in the hospital, and as soon thereafter as practicable, pay the same to the treasurer of such hospital.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said....., but not having deemed it necessary to call a jury, did call before me.....

..... credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the indigence and legal settlement of the said....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said.....is insane and an indigent, and has not sufficient estate

to support himself (and his family), under such visitation of insanity, and that he has a legal settlement in the county of....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said.....shall be confined in said Hospital at the expense of said county, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety.....

....., J. [L. S.]

---

(16.)

County Clerk's Certificate as to Copy of Judge's Order.

The following is a form of county clerk's certification of determination of judge, certified copies of which determination or finding are to be sent to the medical directors of hospitals, and in some cases to the State treasurer, under section 5 of chapter 130 of the Laws of 1898. The act requires certified copies of the proceedings had before the judges and of their certificates to be forwarded. The certificates or findings of the judges will be found to contain a complete record or recital of all the proceedings had before them. The request for admission and physicians' certificates will be already on file with the medical directors. The judges' findings or certificates are drawn in the form of orders.

I, ..... County Clerk of the county of....., do hereby certify that the foregoing is a true copy of the Judge's order approving certificates of insanity, and finding of indigence and legal settlement, after inquiry, in the matter of ..... an indigent insane person (*or as the case may be*), as the same remains of record in my office.

In testimony whereof, I have hereunto set my hand and [L. S.] official seal, at....., this.....day of....., eighteen hundred and ninety.....

....., Clerk.

(17.)

**Judge's Order Approving Certificates of Insanity, and Finding of Indigence and Legal Settlement, After Inquiry and Upon Verdict of a Jury.**

If the judicial officer to whom may be presented copies of the request in writing for the admission to and confinement as an indigent patient in any hospital or asylum for the insane in this State, shall be satisfied with the sufficiency of the certificates of the patient's insanity, and does not deem it necessary to make any inquiry beyond an examination of the certificates to find the fact of insanity, but deems it necessary to take the verdict of a jury upon the question of indigence and legal settlement, and the jury finds the fact of indigence and of legal settlement in the county from whence the person's admission is requested, a finding in the following form should be made. This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined a copy thereof under the seal of the county, and he shall report the facts to the board of chosen freeholders of such county, whose duty it shall be to raise the money requisite to meet the expenses of the indigent's support in the hospital, and as soon thereafter as practicable, pay the same to the treasurer of such hospital. Laws of 1898, chapter 130.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of the said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said ....., and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of ..... for that purpose, who thereupon caused to appear before me twelve good and lawful men of said county of ....., duly qualified, according to law, at ....., on ....., the ..... day of ....., and the said jurors being duly sworn to inquire as to the indigence and legal settlement of the said ....., and having called before me ..... credible witnesses, and examined them, and each of them, upon their



several corporal oaths, touching the indigence and legal settlement of the said....., before the said jury, and the said jury upon their oath found and determined the said.....to be indigent, and that he has not sufficient estate to support himself (and his family) under such visitation of insanity, and that he has a legal settlement in the county of....., from whence his admission to said Hospital is requested, and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, and the determination of said jury, that the said.....is insane and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, and that he has a legal settlement in the county of....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said..... shall be confined in said Hospital, at the expense of said county, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

..... J. [L. S.]

---

(18.)

**Judge's Order Approving Certificates of Insanity, and Finding of Indigence and Legal Settlement After Inquiry as to Insanity, Indigence and Legal Settlement.**

If the judicial officer to whom may be presented copies of the request in writing for the admission to, and confinement as an indigent patient in, any hospital or asylum for the insane in this State, shall not be satisfied of the insanity of the person from the certificates presented, he may institute inquiry upon the oaths of witnesses, and take the verdict of a jury, as to the insanity of such person, as well as to his indigence and legal settlement, and the following form will be found to embody a finding of insanity, indigence and legal settlement after inquiry without the aid of a jury.

This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined, a copy thereof, under the seal of the county, and he shall report the facts to the board of chosen freeholders of such county, whose duty it shall be to raise the money requisite to meet the expense of the indigent's

support in the hospital, and as soon thereafter as practicable, pay the same to the treasurer of such hospital. Laws of 1898, chapter 130.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, instituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said....., before approving or disapproving of such certificates, but not having deemed it necessary to call a jury, did call before me,.....

..... credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity, indigence and legal settlement of the said....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said.....is insane and an indigent, and has not sufficient estate to support himself (and his family), under such visitation of insanity, and that he has a legal settlement in the county of....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said.....shall be confined in said Hospital at the expense of said county, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

....., J. [L. S.]

(19.)

**Judge's Order Approving Certificates of Insanity, and Finding of Indigence and Legal Settlement After Inquiry and Upon Verdict of a Jury as to Insanity, Indigence and Legal Settlement.**

If the judicial officer to whom may be presented copies of the request, in writing, for the admission to, and confinement as an indigent patient in, any hospital or asylum for the insane in this State, shall not be satisfied of the insanity of the person from the certificates presented, he may institute inquiry upon the oaths of witnesses, and take the verdict of a jury, as to the insanity of such person, as well as to his indigence and legal settlement, and the following form will be found to embody a finding of insanity, indigence and legal settlement after inquiry and upon the verdict of a jury.

This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined a copy thereof, under the seal of the county, and he shall report the facts to the board of chosen freeholders of such county, whose duty it shall be to raise the money requisite to meet the expense of the indigent's support in the hospital, and as soon thereafter as practicable, pay the same to the treasurer of such hospital. Laws of 1898, chapter 130.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, instituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said ..... before approving or disapproving of such certificates, and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of ..... for that purpose, who thereupon caused to be and appear before me twelve good and lawful men of said county, duly qualified according to law, at ....., on ....., the ..... day of ....., and the said jurors being duly sworn to inquire as to the insanity, indigence and legal settlement of the said ....., and having called before me.....  
.....  
credible witnesses, and examined them, and each of them, upon their

several corporal oaths, touching the insanity, indigence and legal settlement of the said ..... before said jury, and said jury upon their oath found and determined that the said ..... is insane and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, and that he has a legal settlement in the county of ....., from whence his admission to said Hospital is requested, and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, and the determination of said jury, that the said ..... is insane and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, and that he has a legal settlement in the county of ....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ..... shall be confined in said Hospital at the expense of said county, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of ....., eighteen hundred and ninety-.....

....., J. [L. S.]

---

(20.)

**Judge's Order Approving Certificates of Insanity, and Finding that Person is Not Indigent, After Inquiry.**

If the judicial officer to whom may be presented a request in writing for the admission into a hospital for the insane, of a patient as an indigent, accompanied with the proper certificates of insanity, the judge, if satisfied of the insanity from the certificates, may approve the same, but if from inquiry into the indigence and legal settlement, which he may make without the aid of a jury, he finds the person concerning whom inquiry is made is not indigent, the following form of finding should be used. This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined a copy thereof, under the seal of the county, and the county from whence his admission is requested shall not be chargeable with his support, but his estate, or the persons chargeable by law with his support, shall maintain him in such hospital, and if his support cannot be procured in that way, then a like certified copy of said proceedings and certificate shall be sent by the county clerk to the State treasurer, and the State shall support him in such hospital. The persons chargeable

by law with the support of poor people are father and grandfather, mother and grandmother, children and grandchildren, severally and respectively, being of sufficient ability. See "An act for settlement and relief of the poor," approved March 27th, 1874. General Statutes, volume 2, page 2502, section 30; Laws of 1898, chapter 130.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said....., but not having deemed it necessary to call a jury, did call before me.....  
.....  
credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the indigence and legal settlement of the said....., and it appearing satisfactorily to me from the certificates aforesaid, that the said.....is insane, and from the testimony of the witnesses aforesaid that the said.....is not indigent, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said.....shall be confined in the said Hospital at the expense of his estate, or of the persons chargeable by law with his support, and if his support cannot be procured in that way, then at the expense of the State, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

....., J. [L. S.]

(21.)

**Judge's Order Approving Certificates of Insanity, and Finding that Person is not Indigent, After Inquiry and Upon Verdict of a Jury.**

The remarks in note to form (20) are applicable to the following form, except that the finding here is upon the verdict of a jury.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of the said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said....., and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of....., for that purpose, who thereupon caused to appear before me twelve good and lawful men of said county of....., duly qualified according to law, at....., on....., the.....day of....., and the said jurors being duly sworn to inquire as to the indigence and legal settlement of the said....., and having called before me.....  
 .....  
 credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the indigence and legal settlement of the said ....., before the said jury, and the said jury upon their oath found and determined that the said ..... is not indigent, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ..... shall be confined in the said Hospital at the expense of his estate, or of the persons chargeable by law with his support, and if his support cannot be procured in that way, then at the expense of the State, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of .....,  
eighteen hundred and ninety-.....

....., J. [L. S.]

(22.)

**Judge's Order Approving Certificates of Insanity, and Finding  
that Person is Not Indigent, After Inquiry as to Insanity and  
Indigence.**

The remarks in note to form (20) are applicable to the following form, except that the finding here is upon inquiry, not only as to indigence and legal settlement, but as to insanity on the testimony of witnesses in addition to the sworn certificate of physicians.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, instituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said ..... before approving or disapproving of such certificates, but not having deemed it necessary to call a jury, did call before me .....  
.....  
credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity, indigence and legal settlement of the said ....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said ..... is insane, but not indigent, all of which I do hereby certify; and I do hereby order that said certificates be and are hereby approved, to the end that the said ..... shall be confined in said Hospital at the expense of his estate, or of the persons chargeable by law with his support, and if his support cannot be procured in that way, then at the expense of the State, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of .....,  
eighteen hundred and ninety- .....

....., J. [L. S.]

(23.)

**Judge's Order Approving Certificates of Insanity and Finding  
That Person is Not Indigent, After Inquiry and Upon Verdict  
of a Jury as to Insanity and Indigence.**

The remarks in note to form (20) are applicable to the following form, except that the finding here is upon inquiry and verdict of a jury, not only as to indigence and legal settlement, but as to insanity on the testimony of witnesses in addition to the sworn certificates of physicians.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, instituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said....., before approving or disapproving of such certificates, and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of.....for that purpose, who thereupon caused to be and appear before me twelve good and lawful men of said county, duly qualified according to law, at....., on....., the.....day of ....., and the said jurors being duly sworn to inquire as to the insanity, indigence and legal settlement of the said....., and having called before me.....

.....  
credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity, indigence and legal settlement of the said.....before the said jury, and the said jury upon their oath found and determined that the said.....is insane, but not indigent, and it appearing satisfactorily to me from the certificates aforesaid and the determination of said jury that the said.....is insane, but not indigent, all of which I do hereby certify; and I do



hereby order that said certificates be and are hereby approved, to the end that the said.....shall be confined in said Hospital at the expense of his estate, or of the persons chargeable by law with his support, and if his support cannot be procured in that way, then at the expense of the State, pursuant to the statute in such case made and provided, until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this .....day of....., eighteen hundred and ninety-.....

....., J. [L. S.]

(24.)

**Judge's Order Approving Certificates of Insanity, and Finding that Person is Indigent, but Without Legal Settlement in County from Whence Admission Requested, after Inquiry as to Indigence and Legal Settlement.**

If the judicial officer to whom may be presented a request in writing for the admission into a hospital for the insane, of a patient as an indigent, accompanied with the proper certificates of insanity, the judge, if satisfied of the insanity from the certificates, may approve the same, but if from inquiry into the indigence and legal settlement, which he may make without the aid of a jury, he finds the person concerning whom inquiry is made is not indigent, the following form of finding should be used. This form of certificate and adjudication must be filed by the judge with the county clerk, who shall forthwith forward to the medical director of the hospital where the insane person is confined, a copy thereof, under the seal of the county, and shall also forward forthwith to the State treasurer a like certified copy, and the State shall pay the expenses of the patient's support, and as soon thereafter as practicable, the State treasurer shall forward the same to the treasurer of such hospital, unless the patient's settlement can be ascertained to be in some other county than that from whence he was sent, and in such case it shall be the duty of the overseer of the poor of the township in which such insane indigent resided, to immediately proceed to ascertain the legal settlement of said insane indigent, as nearly as may be, in the manner directed by the act entitled "An act for the settlement and relief of the poor," approved March 27th, 1874. General Statutes, volume 2, page 2502; Laws of 1898, chapter 130.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of

said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said ....., but not having deemed it necessary to call a jury, did call before me.....

.....  
 credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the indigence and legal settlement of the said ....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said ..... is insane, and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of ....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ....., shall be confined in said Hospital at the expense of the State, unless and until his settlement can be ascertained to be in some other county in this State than that from whence he was sent and his admission requested, pursuant to the statute in such case made and provided, and until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this .. .... day of ....., eighteen hundred and ninety-.....

....., J. [L. S.]

---

(25.)

**Judge's Order Approving Certificates of Insanity, and Finding that Person is Indigent, but Without Legal Settlement in County from Whence Admission Requested, After Inquiry and Upon Verdict of a Jury as to Indigence and Legal Settlement.**

The remarks in note to form (24) are applicable to the following form, except that the finding here is upon the verdict of a jury.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing

for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ..... and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and being satisfied with the form and sufficiency of said request and certificates, and having, pursuant to the statute, instituted inquiry and taken proofs as to the indigence and legal settlement of the said ....., and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of ....., who thereupon caused to be and appear before me twelve good and lawful men of said county, duly qualified according to law, at ....., on ....., the ..... day of ....., and the said jurors being duly sworn to inquire as to the indigence and legal settlement of the said ....., and having called before me .....  
 .....  
 credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the indigence and legal settlement of the said....., before the said jury, and the said jury upon their oath found and determined that the said.....is an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of....., from whence his admission to said Hospital is requested, and it appearing satisfactorily to me from the certificates aforesaid and the determination of said jury that the said.....is insane and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said.....shall be confined in said Hospital at the expense of the State, unless and until his settlement can be ascertained to be in some other county in this State than that from whence he was sent and his admission requested, pursuant to the statute in such case made and provided, and until he shall be restored to reason, removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at....., this.....day of....., eighteen hundred and ninety-.....

....., J. [L. S.]

(26.)

**Judge's Order Approving Certificates of Insanity, and Finding that Person is Insane and Indigent, but Without Legal Settlement in the County From Whence Admission Requested, After Inquiry as to Insanity, Indigence and Legal Settlement.**

The remarks in note to form (24) are applicable to the following form, except that the finding here is upon inquiry, not only as to indigence and legal settlement, but as to insanity on the testimony of witnesses in addition to the sworn certificates of physicians.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at ....., of ....., and of the certificates of ....., and ....., physicians who certify to the insanity of the said ....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, instituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said ..... before approving or disapproving of such certificates, but not having deemed it necessary to call a jury, did call before me .....  
 .....  
 credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity, indigence and legal settlement of the said ....., and it appearing satisfactorily to me from the certificates aforesaid, and the testimony of the witnesses aforesaid, that the said ..... is insane and an indigent and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of ....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ..... shall be confined in said Hospital at the expense of the State, unless and until his settlement can be ascertained to be in some other county in this State than that from whence he was sent and his admission requested, pursuant to the statute in such case made and provided, and until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

8 M P

Witness my hand and seal, at ....., this ..... day of .....,  
eighteen hundred and ninety-.....

.....J. [L. S.]

(27.)

**Judge's Order Approving Certificates of Insanity, and Finding That Person is Insane and Indigent, But Without Legal Settlement in County From Whence Admission Requested, After Inquiry and Upon Verdict of Jury as to Insanity, Indigence and Legal Settlement.**

The remarks in note to form (24) are applicable to the following form, except that the finding here is upon inquiry and verdict of a jury, not only as to indigence and legal settlement, but as to insanity on the testimony of witnesses in addition to the sworn certificates of physicians.

I, ....., Judge of the Court of Common Pleas of the county of ....., to whom have been presented copies of the request in writing for the admission to, and confinement as an indigent patient in, the New Jersey State Hospital at....., of....., and of the certificates of.....and....., physicians who certify to the insanity of the said....., which copies are certified by the Medical Director of said Hospital, under the seal thereof, and having examined said request and certificates, and duly considered the same, and having, pursuant to the statute, instituted inquiry and taken proofs as to the alleged insanity, indigence and legal settlement of the said.....before approving or disapproving of such certificates, and having deemed it necessary to call a jury, did issue my precept to the Sheriff of the county of.....for that purpose, who thereupon caused to be and appear before me twelve good and lawful men of said county, duly qualified according to law, at....., on....., the.....day of ....., and the said jurors being duly sworn to inquire as to the insanity, indigence and legal settlement of the said....., and having called before me.....  
.....  
credible witnesses, and examined them, and each of them, upon their several corporal oaths, touching the insanity, indigence and legal settlement of the said ....., before the said jury, and the said jury upon their oath found and determined that the said ..... is insane

and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of ....., from whence his admission to said Hospital is requested, and it appearing satisfactorily to me from the certificates aforesaid, and the determination of said jury, that the said ..... is insane and an indigent, and has not sufficient estate to support himself (and his family) under such visitation of insanity, but has not a legal settlement in the county of ....., from whence his admission to said Hospital is requested, all of which I do hereby certify; and I do hereby order that the said certificates be and are hereby approved, to the end that the said ..... shall be confined in said Hospital at the expense of the State, unless and until his settlement can be ascertained to be in some other county in this State than that from whence he was sent and his admission requested, pursuant to the statute in such case made and provided, and until he shall be restored to reason, or removed or discharged according to law; and this shall be a sufficient warrant and authority for such confinement and detention.

Witness my hand and seal, at ....., this ..... day of ....., eighteen hundred and ninety-.....

.....J. [L. S.]

---

(28.)

**Chancellor's Order Authorizing Guardian to Place Habitual Drunkard in a New Jersey State Hospital for the Insane.**

By the act of the legislature, Pamphlet Laws 1881, page 236, General Statutes, volume 2, page 1708, section 58, after a person has been declared an habitual drunkard by proceedings under a commission in the nature of a writ *de lunatico inquirendo* out of the Court of Chancery, it is made lawful for the Chancellor to authorize the guardian of any such drunkard to place him in a State hospital for the insane (or other proper retreat), and in case of commitment to a State hospital, the guardian shall be required to give security in such amount and form as the Chancellor shall direct, for the payment of the expense of keeping such drunkard in the hospital. The following is a form authorizing commitment of an habitual drunkard to a State hospital. This order will be made on motion of counsel in the Court of Chancery in the matter wherein the party was found an habitual drunkard.

		In Chancery of New Jersey.
In the matter of.....,	}	Order authorizing guardian
an habitual drunkard.		to place drunkard in State Hospital.

Upon reading and filing the duly-verified petition of....., the guardian heretofore appointed by the Orphans' Court of the county of....., for....., found to be an habitual drunkard, under a commission in the nature of a writ *de lunatico inquirendo*, heretofore issued out of and returned into this court, with finding of habitual drunkenness of the said.....; and it appearing satisfactorily to the Chancellor that it will be most advantageous for the said..... to be confined in a State Hospital for the insane, with a view to his reformation:

It is, therefore, on this.....day of....., eighteen hundred and ninety-....., on motion of....., of counsel for the said guardian and petitioner, ordered that the said....., guardian of the said....., be and he is hereby authorized and empowered to place the said.....for safe keeping in the New Jersey State Hospital at..... with a view to his reformation.

And it is further ordered that the said....., guardian, before placing the said.....in said State Hospital shall enter into bond to the Treasurer of said Hospital in the sum of.....dollars, with one or more surety or sureties, to be approved by....., one of the Special Masters of this court, conditioned to pay to the said Treasurer, or his successors in office, the sum of.....dollars per week for the board of said habitual drunkard, so long as he shall continue as a patient or boarder in said Hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention, and to provide for him suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the Warden of said Hospital, and to remove him from said Hospital when thereunto required by law, or the order of the Chancellor, and to answer all costs and charges that may be incurred by him, or in his behalf, under the reasonable rules and regulations of said Hospital, and for any damage he may do to the property of said Hospital.

And it is further ordered that said guardian may, from time to time, apply to this court to alter or modify this order, and for such other order and directions in the premises as the nature and circumstances of the case may require.

....., C.

# EXTRACTS FROM THE BY-LAWS.

---

## ADMISSION OF PATIENTS.

1. When a patient is sent to the Hospital he must be accompanied by a full set of commitment papers, properly made out and legally executed, which papers must be delivered to the medical officer of the institution, whose duty it will be to examine them carefully, and upon finding them correct and in accordance with the law, he will admit the patient.

## CLEANLINESS.

2. Each patient, before admission, shall be made perfectly clean, and be free from vermin or any contagious or infectious disease.

## CLOTHING FOR MEN.

3. Each male patient shall be provided with at least two shirts, a new and substantial coat, vest and pantaloons, of strong woollen cloth, two pairs of socks, a black cravat, a good hat or cap, and a pair of new shoes or boots, together with a comfortable outside garment.

## CLOTHING FOR WOMEN.

4. Each female patient, in addition to the same quantity of undergarments, shoes and stockings, shall have a flannel petticoat, two good dresses, also a cloak or other outside garment. In case the patient is so much excited as not to admit of being thus clothed, other clothing that can be kept on, that is comfortable and in sufficient quantity, with a change thereof, may be substituted.

It is very desirable that extra and better apparel should be sent with those accustomed to it, that when they become better, and when



they attend religious worship, walk or drive out, their self-respect may be preserved.

In all cases the patient's best clothing should be sent; it will be carefully preserved, and only used when deemed necessary for the purposes above mentioned.

#### JEWELRY, ETC.

5. Jewelry and all superfluous articles of dress, knives, &c., should be left at home, as they are liable to be lost.

#### HISTORY OF CASE.

6. A written history of the case should be sent with the patient, and, if possible, some one acquainted with him should accompany him to the Hospital, from whom minute and essential particulars may be learned.

#### BOND, ETC.

7. A bond, with satisfactory sureties, will be required for the payment of the board and expenses, and for the removal of the patient when discharged, of all persons except those sent as indigent.

616.85  
N 53  
M 87  
UNIV. OF MICH  
JUL 1900  
616.85  
N 5

**TWENTY-FOURTH ANNUAL REPORT**

OF THE

**Managers and Officers**

OF THE

**New Jersey State Hospital**

**At Morris Plains**

**FOR THE YEAR ENDING OCTOBER 31st**

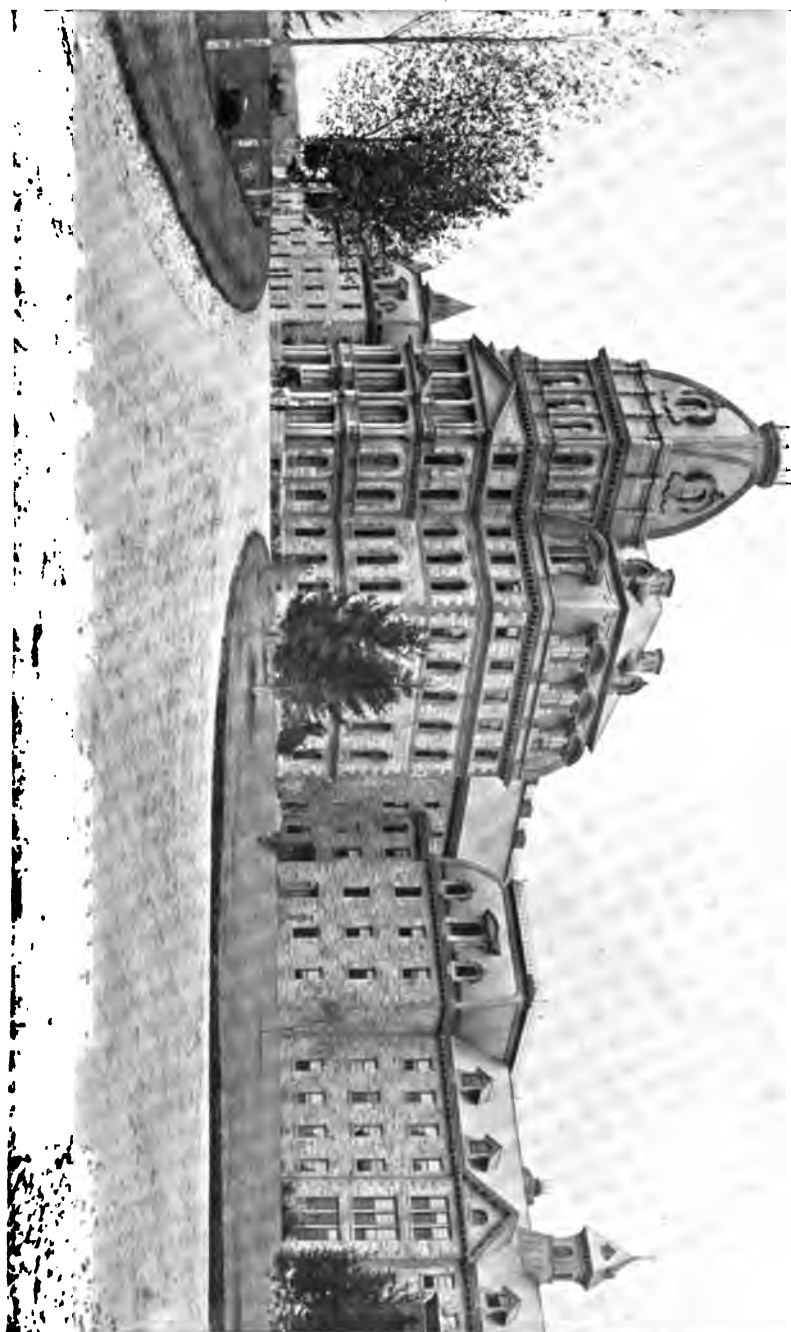
**1899**

---

TRENTON, N. J.:  
MACCRELLISH & QUIGLEY, STATE PRINTERS, OPPOSITE POST OFFICE.

1899.





MAIN BUILDING.



**TWENTY-FOURTH ANNUAL REPORT**

**OF THE**

**Managers and Officers**

**OF THE**

**New Jersey State Hospital**

**At Morris Plains**

**FOR THE YEAR ENDING OCTOBER 31st**

**1899**

---

**TRENTON, N. J.:**  
**MACCRELLISH & QUIGLEY, STATE PRINTERS, OPPOSITE POST OFFICE.**  
**1899.**



## MANAGERS.

### PRESIDENT.

GEORGE RICHARDS, . . . . . DOVER.

### VICE-PRESIDENT.

PATRICK FARRELLY, . . . . . MORRISTOWN.

JAMES M. BUCKLEY, D.D., . . . . . MORRISTOWN.

ROMEO F. CHABERT, M.D., . . . . . HOBOKEN.

JOHN C. EISELE, . . . . . NEWARK.

JOHN A. McBRIDE, . . . . . DECKERTOWN.

DAVID St. JOHN, M.D., . . . . . HACKENSACK.

JAMES W. SMITH, M.D., . . . . . PATERSON.





## RESIDENT OFFICERS.

### MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D., . . . . . MEDICAL DIRECTOR.  
ELIOT GORTON, M.D., . . . . . ASSISTANT PHYSICIAN.  
THOMAS P. PROUT, M.D., SECOND ASSISTANT PHYSICIAN AND PATHOLOGIST.  
PETER S. MALLON, M.D., . . . . . THIRD ASSISTANT PHYSICIAN.  
ARTHUR S. CORWIN, M.D., . . . . . FOURTH ASSISTANT PHYSICIAN.

---

### BUSINESS DEPARTMENT.

MOSES K. EVERITT, . . . . . WARDEN.  
GUIDO C. HINCHMAN, . . . . . TREASURER.



# Report of the Board of Managers of the New Jersey State Hospital at Morris Plains.

---

*To His Excellency Foster M. Voorhees, Governor of New Jersey:*

The Board of Managers of the State Hospital at Morris Plains, in accordance with the law, respectfully submits its report for the fiscal year ending October 31st, 1899, being the twenty-fourth annual report of the institution.

Besides the regular monthly sessions of the Board, numerous meetings of committees have been held at the Hospital and elsewhere, and forty-five additional visits have been made to the institution by individual managers. Arrangements have been maintained whereby some manager has, at all times, been ready to respond to any exigency made known by the Medical Director or by the Warden.

The reports of the Medical Director, the Warden and the Treasurer are herewith submitted, and have been prepared with special care, so as to present to your Excellency answers to every question which the most careful scrutiny would suggest.

From the opening of the institution August 17th, 1876, to October 31st, 1899, 5,443 patients have been admitted, and it is noteworthy as being somewhat unusual that the number of males has exceeded that of females by 201. Of the whole number, 1,175 have been restored to their reason; 1,546 have died in the institution; 440 have been discharged improved and 963 unimproved. The number of unrecovered escapes has not averaged one per annum.

It is important to a proper estimate of the work of the institution to note that forty per cent. of the admissions either die or are discharged within two years, cured or improved.

The rest in time, with the exception of a small minority removed unimproved, become what is known as chronic cases, hence a considerable constant majority in all such hospitals are of this class. They

require, however, special attention since in the aggregate quite a large number recover after five years, and occasionally some who have been deemed hopeless for a much longer period. To ascertain the proportion of recoveries it is desirable to compare the number discharged recovered with those admitted in any given year. This year the total number admitted being 272, and the number discharged restored being 68, shows more than twenty-five per cent., which is one-eighth more than the average during the whole history of the Hospital; a remarkable fact when it is considered that two of those admitted were over 80 years of age, 12 between 70 and 80; 25 between 60 and 70; 38 between 50 and 60, and 61 between 40 and 50; and that 46 suffered from a second, 18 from a third, 3 from a fourth, 1 from a fifth and 5 from a sixth attack.

Of the 272 admitted, only 75 belonged to families in which there had been other cases of insanity. In 125 hereditary taint was positively denied, and in 62 the hereditary history could not be obtained. 109 of these patients were born in New Jersey; 32 in New York; 8 in Pennsylvania; 4 in Massachusetts; 2 in Connecticut; 2 in Virginia, and one each in Alabama, Illinois, Maine, Minnesota, Missouri, Montana, Ohio and Rhode Island. More than half the whole number were of foreign birth. Germany leads the list with 27; Ireland comes next with 25; England has 11; Italy and Scotland each 7; Holland, 6; Switzerland, 5; Sweden, 4; Poland, Hungary and Austria, 3 each; Belgium, Canada, Denmark, Finland, France and Norway, 1 each.

The table of causes of insanity is interesting, but the Medical Director has wisely qualified it by the word "alleged," as many of the assigned causes are shown by experience with patients and observation to be results instead of causes.

Notwithstanding 85 patients were transferred to the Hudson County Asylum during the year ending October 31st, 1896, the close of the next year showed an increase of 89, and of the next 59, and of this year 66.

In addition to insanity, 105 of the 272 cases admitted were suffering from some serious physical ailment which in many instances presaged speedy death. The death-rate, though not large, is between one and two per cent. larger than last year, as a result of an epidemic of dysentery. The Medical Director attributes it to the drouth and inadequate reservoirs, which necessitated

in the dry weather the pumping of water from the stream which feeds the ice-pond. Though there was no certain evidence that this source had been contaminated by drainage or decaying vegetation, the new reservoir will provide an ample supply of water, and eliminate even the suspicion of infection.

The Hospital now contains above *five hundred* more patients than it was built to accommodate, and all the evil effects of over-crowding to which attention has been directed in former reports are intensified.

The only suicide during the past year was a direct result of this over-crowding. A woman who was in the night service, and carefully watched, availed herself of a moment's absence of the nurse, who was compelled to attend to a particularly troublesome patient, and in an unusual manner, described by the Medical Director in his report, ended her unfortunate life.

It was expected that before the close of this year the north wing of the new building for male chronics, could be utilized; but in this the Managers have been disappointed, for while it could be made ready in a comparatively short time, it has been found impracticable to attempt to occupy it until the female department is completed.

There are now 106 epileptics in this institution, an increase of ten over the number of last year. It was hoped that before the expiration of the year, the New Jersey Village for Epileptics would have been able to relieve this institution at this point in some degree, but having failed to receive more than a small part of the appropriation, it is as yet unable to afford this institution and the cause of humanity the relief expected.

That there should be 63 convicts and 23 criminals in the Hospital, whose society has been forced upon those patients who have committed no crime, is a most unsavory fact. These 86 patients with a criminal record, with nearly as many in the institution at Trenton, imperatively call for the erection of a building within easy access of the State Prison, in which they will be securely confined and at the same time adequately treated.

A number of nurses graduated from our efficient training school, which is now in its sixth year, went into the service of the Government. All who applied when such engagement was ended were re-instated.

We respectfully bespeak the special attention of your Excellency to the subject of County Asylums as discussed in the report of the Medical Director.

The diet-list established in this institution has been revised by the medical committee, and approved by the Board. The Managers from time to time have visited the tables, and it is doubted whether a more economical, diversified and nutritious general table can be produced.

For the information of the public and with the approbation of the Board, the Medical Director has embodied in his report a section upon the treatment of the insane, with the view of showing the advantage and necessity, when insanity is clearly developed, of allowing no delay in removing the patients to a properly qualified hospital. The importance of this is emphasized by the fact that 153 of the patients admitted during the past year had been recognized as insane for more than six months before being brought to the Hospital. This is nearly sixty per cent. of the total number admitted. Three patients were admitted who had been insane over two years.

The commitment law enacted by the Legislature of 1897-8, though a great improvement and working satisfactorily in most respects, has been found defective in a few particulars. A bill to remedy these defects will be prepared and presented at the proper time.

Work has progressed steadily during the year upon the new building and the reservoir. The north wing of the new building is nearly completed; work on the south wing is steadily progressing, but much remains to be done. The tunnel connecting the old building with the new, which is expected to diminish greatly the cost of transporting the food-supply of the new building, is far advanced. The heating and lighting plants are not yet introduced.

The reservoir is nearly done and is expected to provide sufficient water at all seasons and enough for any emergency in case of fire. Many improvements have been made under the supervision of the Warden, the cost of which has been lessened by work done by patients designated by the Medical Director, who have themselves enjoyed the change, exercise and scenery, and much improved in health, in some instances regaining their reason, when if left to themselves they would not in all probability have done so.

#### COUNTY ASYLUMS.

The county institutions for the care and custody of the insane have been inspected, and private institutions for their treatment have been visited and licensed, as the law requires.

## HUDSON COUNTY ASYLUM.

At the time of the visit of the Board to the Hudson County Asylum, the number of patients was 575—232 males, 343 females. Of the above, there are three colored—two females and one male. There are 42 employees.

## ESSEX COUNTY ASYLUM AND BRANCH AT VERONA.

The number in the Essex County Asylum was 602 patients—241 males, 361 females. Forty-nine employees. There are 13 colored patients—5 males and 8 females. Number of patients in branch at Verona was 248—110 males, 138 females. Eight colored female patients. Total number in both hospitals 852—353 males, 499 females. Total number of colored patients 21—5 males, 16 females.

The visit to the newly-erected institution at Verona gave the Board much pleasure, as it seems to be admirably adapted to its purpose.

## PASSAIC COUNTY ASYLUM.

The number of patients in the Passaic County Asylum was 37—9 males and 28 females. During the year the Children's Guardian Association removed 2 female and 8 male children, and found suitable homes for them. The attending physician is the same.

(Signed)

GEORGE RICHARDS,  
PATRICK FARRELLY,  
JOHN A. MCBRIDE,  
JOHN C. EISELE,  
JAMES W. SMITH, M.D.,  
JAMES M. BUCKLEY, D.D.,  
DAVID ST. JOHN, M.D.,  
ROMEO F. CHABERT, M.D.,  
*Board of Managers.*





# **REPORT OF THE MEDICAL DIRECTOR.**

**(13)**







**CENTRE BUILDING.  
DRAPED IN MOURNING FOR VICE-PRESIDENT GARRET A. HOBART.**

# Report of the Medical Director.

*To the Board of Managers :*

GENTLEMEN—I herewith submit to you the twenty-fourth annual report of the Medical Department of the New Jersey State Hospital at Morris Plains.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING OCTOBER 31st, 1899.

	Men.	Women.	Total.	Men.	Women.	Total.
In the Hospital October 31st, 1898.....				618	618	1236
Patients admitted—						
First admissions.....	128	112	240			
Re-admissions.....	9	25	32			
Total admitted during the year.....				137	135	272
Total number of patients under treatment during the year.....				755	753	1,508
Patients discharged—						
Restored.....	30	38	68			
Improved.....	6	11	17			
Unimproved.....	7	12	19			
Died.....	53	48	101			
Eloped.....	1		1			
Total discharged and died.....				97	109	206
Remaining in the Hospital.....				658	644	1,302
Of this number there are, Public.....	577	575	1,152			
Private.....	81	69	150			
Total.....				658	644	1,302
Whole number admitted from August 17th, 1876, to October 31st, 1899.....				2,822	2,621	5,443
Whole number discharged during the same period of time—						
Restored.....	595	580	1,175			
Improved.....	471	491	962			
Unimproved.....	206	234	440			
Died.....	874	672	1,546			
Eloped.....	18		18			
Total.....				2,164	1,977	4,141
Remaining October 31st, 1899.....				658	644	1,302

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1898.									
November.....	13	7	20	3	4	7	623.03	617.13	1,240.16
December.....	7	7	14	8	6	14	625.91	621.73	1,247.64
1899.									
January.....	10	8	18	8	4	12	625.18	624.50	1,249.68
February.....	9	10	19	4	4	8	631.19	627.19	1,258.38
March.....	14	21	35	11	7	18	637.00	636.00	1,273.00
April.....	8	10	18	13	10	23	633.76	641.06	1,274.82
May.....	15	12	27	6	10	16	635.92	645.64	1,281.56
June.....	16	17	33	8	9	17	640.12	648.04	1,288.16
July.....	7	14	21	4	8	12	647.37	656.35	1,303.72
August.....	14	8	22	9	17	26	651.13	653.57	1,304.70
September.....	10	9	19	9	8	17	654.86	650.21	1,305.07
October.....	14	12	26	13	22	35	655.51	645.66	1,301.17
Total.....	137	135	272	96	109	205			
For the year.....							638.42	638.75	1,277.17

TABLE III.  
NUMBER OF ATTACK OF THOSE ADMITTED.

ATTACK.	Men.	Women.	Total.
First.....	105	99	204
Second.....	26	20	46
Third.....	4	9	13
Fourth.....	1	2	3
Fifth.....	1	1	1
Sixth or over.....	1	4	5
Total.....	137	135	272

TABLE IV.  
AGE WHEN ADMITTED.

AGE.	Men.	Women.	Total.
Fifteen to twenty years.....	6	3	9
Twenty to twenty-five years.....	14	11	25
Twenty-five to thirty years.....	12	24	36
Thirty to thirty-five years.....	13	17	30
Thirty-five to forty years.....	16	18	34
Forty to forty-five years.....	25	12	37
Forty-five to fifty years.....	12	12	24
Fifty to sixty years.....	19	19	38
Sixty to seventy years.....	14	11	25
Seventy to eighty years.....	6	6	12
Eighty years and over.....	1	2	2
Total.....	137	135	272



TABLE V.  
NATIVITY OF THOSE ADMITTED.

NATIVITY.	Men.	Women.	Total.
Alabama.....		1	1
Connecticut.....		2	2
Illinois.....		1	1
Maine.....		1	1
Massachusetts.....	3	1	4
Minnesota.....		1	1
Missouri.....	1		1
Montana.....		1	1
New Jersey.....	57	52	109
New York.....	14	18	32
Ohio.....	1		1
Pennsylvania.....	6	2	8
Rhode Island.....	1		1
Virginia.....		2	2
Austria.....	2	1	3
Belgium.....		1	1
Canada.....	1		1
Denmark.....	1		1
England.....	6	5	11
Finland.....	1		1
France.....		1	1
Germany.....	13	14	27
Holland.....	2	4	6
Hungary.....	1	2	3
Ireland.....	12	13	25
Italy.....	5	2	7
Norway.....	1		1
Poland.....	1	2	3
Scotland.....	3	4	7
Sweden.....	2	2	4
Switzerland.....	3	2	5
Total.....	137	135	272

TABLE VI.  
RESIDENCE OF THOSE ADMITTED.

COUNTIES.	Men.	Women.	Total.
Bergen.....	19	25	44
Essex.....	16	14	30
Hudson.....	13	12	25
Hunterdon.....	1		1
Morris.....	14	13	27
Passaic.....	29	38	67
Somerset.....	1		1
Sussex.....	3	6	9
Union.....	30	18	48
Warren.....	7	9	16
New York, N. Y.....	4		4
Total.....	137	135	272

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.

CIVIL CONDITION.	Men.	Women.	Total.
Single .....	59	39	98
Married .....	68	74	142
Widowed .....	10	22	32
Total.....	137	135	272

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.

OCCUPATION.	Men.	Women.	Total.
Artisans.....	26	5	31
Broker.....	1	.....	1
Carpenters.....	4	.....	4
Clerks.....	17	1	18
Clergyman.....	1	.....	1
Farmers.....	8	.....	8
Housewives.....	.....	69	69
Housekeepers.....	.....	11	11
Lawyers.....	2	.....	2
Laborers.....	39	.....	39
Merchants.....	14	.....	14
Mechanics.....	6	.....	6
Mariners.....	3	.....	3
Physician.....	1	.....	1
Seamstresses.....	.....	2	2
Servants.....	3	14	17
Students.....	.....	2	2
Teachers.....	.....	2	2
No occupation.....	12	29	41
Total.....	137	135	272

TABLE IX.

## MENTAL DISEASE OF THOSE ADMITTED.

MENTAL DISEASE.	Men.	Women	Total.
Mania, acute.....	20	18	38
Mania, acute delirious.....	1	3	4
Mania, chronic.....	4	7	11
Mania, epileptic.....	6		6
Mania, puerperal.....		2	2
Mania, recurrent.....	1	6	7
Mania, toxic.....	13	3	16
Melancholia, acute.....	24	42	66
Melancholia, agitata.....	1	6	7
Melancholia, chronic.....	1	5	6
Melancholia, stuporous.....		4	4
Dementia, epileptic.....	2	4	6
Dementia, organic.....		4	4
Dementia, parietic.....	19	6	25
Dementia, senile.....	8	9	17
Dementia, terminal.....	4	2	6
Idiocy.....	1		1
Imbecility.....	2	2	4
Imbecility, with epilepsy.....		1	1
Insane neuroses, hypochondria.....	8	2	10
Insane neuroses, hysteria.....		2	2
Adolescent insanity.....	6	1	7
Choreic insanity.....		1	1
Pubescent insanity.....	2	2	4
Paranoia.....	14	3	17
Total.....	137	135	272

TABLE X.

## MANNER OF SUPPORT OF THOSE ADMITTED.

HOW SUPPORTED.	Men.	Women.	Total.
State.....	22	15	37
County.....	83	92	175
Private.....	32	28	60
Total.....	137	135	272

TABLE XI.

ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

CAUSES.	Men.	Women.	Total.
<i>Physical.</i>			
Congenital.....		1	1
Cerebral hemorrhage.....		3	3
Childbirth.....		9	9
Epilepsy.....	8	5	13
General ill-health.....	2	8	10
Heredity.....	27	37	64
Injury.....	2		2
Intemperance and other excesses.....	20	3	23
Masturbation.....	8		8
Menopause.....		4	4
Old age.....	3	6	9
Overwork.....	3	3	6
Pregnancy.....		2	2
Stroke.....	2	1	3
Spinal meningitis.....		1	1
Scarlet fever.....	1		1
Syphilis.....	4		4
Tubercular.....	1		1
Total physical.....	81	83	164
<i>Moral.</i>			
Business troubles.....	5		5
Domestic troubles.....	2	8	10
Disappointed affections.....		4	4
Financial reverses.....	2		2
Fright.....		2	2
Grief.....	1	5	6
Religious excitement.....	4	5	9
Worry.....	2	4	6
Total moral.....	16	28	44
Total physical.....	81	83	164
Total moral.....	16	28	44
Unassigned.....	40	24	64
Total.....	137	135	272

TABLE XII.

## COMPLICATIONS OF THOSE ADMITTED.

COMPLICATIONS.	Men.	Women	Total.
Anæmia.....	1	2	3
Arthritis deformans.....		2	2
Carcinoma of breast.....		1	1
Chronic cystitis.....	1		1
Chorea.....	1	1	2
Enlarged thyroid.....		1	1
Emphysema.....	3	5	8
Endarteritis.....		4	4
Endocarditis.....	4	33	37
Epilepsy.....	8	5	13
Hemiplegia.....		3	3
Hernia.....	6	3	9
Inanition.....	1		1
Lipoma.....	1		1
Nephritis.....	2	8	10
Pulmonary tuberculosis.....	5	2	7
Pregnancy.....		1	1
Rheumatism.....	2	1	3
Scoliosis.....	1	2	3
Syphilis.....	8		8
Tabes dorsalis.....	2		2
Talipes varus.....	1		1
Uterine or ovarian disease.....		4	4
Varicose veins.....		2	2
Varicocele.....	7		7
Homicidal tendencies.....	29	19	48
Suicidal tendencies.....	30	44	74
Without complications.....	89	74	163

In this table patients who had a number of complications have been noted more than once. Therefore, the totals would have no significance.

TABLE XIII.

## HEREDITY OF THOSE ADMITTED.

HEREDITY.	Men.	Women.	Total.
Insanity in family.....	31	44	75
Hereditary taint denied.....	66	59	125
Hereditary history unobtainable.....	40	32	62
Total.....	137	135	272

TABLE XIV.

DURATION OF DISEASE BEFORE ADMISSION.

DURATION.	Men.	Women.	Total.
Under one month.....	36	41	77
One to three months.....	29	24	53
Three to six months.....	7	16	23
Six to twelve months.....	15	17	32
One to two years.....	20	7	27
Two to three years.....	10	8	18
Three to four years.....	4	3	7
Four to five years.....	3	4	7
Five to ten years.....	8	7	15
Ten to twenty years.....	4	5	9
Over twenty years.....	1	3	4
Total.....	137	135	272

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.

AGE.	Men.	Women.	Total.
Fifteen to twenty years.....	3	4	7
Twenty to twenty-five years.....	2	7	9
Twenty-five to thirty years.....	2	7	9
Thirty to thirty-five years.....	5	4	9
Thirty-five to forty years.....	4	6	10
Forty to forty-five years.....	3	3	6
Forty-five to fifty years.....	5	4	9
Fifty to sixty years.....	3	3	6
Sixty to seventy years.....	3	.....	3
Total.....	30	38	68

TABLE XVI.

DURATION BEFORE ADMISSION OF THOSE RESTORED.

DURATION.	Men.	Women.	Total.
Under one month.....	9	17	26
One to three months.....	10	10	20
Three to six months.....	2	6	8
Six to twelve months.....	4	4	8
One to two years.....	3	.....	3
Over two years.....	2	1	3
Total.....	30	38	68

TABLE XVII.

DURATION OF TREATMENT OF THOSE RESTORED.

DURATION.	Men.	Women.	Total.
Under one month.....	2	.....	2
One to two months.....	3	5	8
Two to three months.....	1	2	3
Three to four months .....	4	2	6
Four to five months.....	3	6	9
Five to six months.....	5	3	8
Six to nine months.....	4	10	14
Nine to twelve months .....	2	5	7
Twelve to eighteen months.....	3	.....	3
Eighteen to twenty-four months .....	1	.....	1
Over two years.....	2	5	7
Total .....	30	38	68

TABLE XVIII.

MENTAL DISEASE OF THOSE RESTORED.

MENTAL DISEASE.	Men.	Women	Total.
Mania, acute.....	6	12	18
Mania, chronic.....	2	.....	2
Mania, epileptic.....	1	.....	1
Mania, puerperal.....	.....	2	2
Mania, recurrent.....	.....	3	3
Mania, toxic (alcoholic) .....	6	.....	6
Melancholia, acute .....	12	15	27
Melancholia, chronic.....	1	2	3
Melancholia, recurrent .....	.....	1	1
Melancholia, stuporous ....	.....	1	1
Adolescent insanity .....	1	.....	1
Choreic insanity.....	.....	2	2
Pubescent insanity.....	1	.....	1
Total .....	30	38	68

TABLE XIX.

AGE AT DEATH.

AGE.	Men.	Women.	Total.
Twenty to twenty-five years.....	2	.....	2
Twenty-five to thirty years.....	2	3	5
Thirty to thirty-five years.....	4	4	8
Thirty-five to forty years.....	5	2	7
Forty to forty-five years.....	5	3	8
Forty-five to fifty years.....	4	5	9
Fifty to sixty years.....	7	8	15
Sixty to seventy years.....	6	10	16
Seventy to eighty years.....	13	8	21
Eighty to ninety years.....	5	5	10
Total.....	53	48	101
Average age at death.....	55	57	56

TABLE XX.

MENTAL DISEASE OF THOSE WHO DIED.

MENTAL DISEASE.	Men.	Women.	Total.
Mania, acute.....	3	1	4
Mania, acute delirious.....	1	2	3
Mania, chronic.....	5	2	7
Mania, toxic (alcoholic).....	.....	1	1
Mania, recurrent.....	1	2	3
Melancholia, acute.....	1	2	3
Melancholia, chronic.....	3	1	4
Melancholia, stuporous.....	1	.....	1
Dementia, organic.....	1	6	7
Dementia, parietic.....	13	6	19
Dementia, senile.....	14	9	23
Dementia, terminal.....	7	14	21
Imbecility with epilepsy.....	1	1	2
Pubescent insanity.....	2	.....	2
Paranoia.....	.....	1	1
Total.....	53	48	101



TABLE XXI.

## CAUSES OF DEATH.

CAUSES.	MANIA.		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
<b>Mania—</b>							
Acute, with acute cystitis.....	1						1
Acute, with chronic endocarditis.....		1					1
Acute, with rupture of bladder.....	1						1
Acute, with tabes dorsalis.....	1						1
Acute delirious, with dysentery.....		1					1
Acute delirious, with exhaustion.....	1	1					2
Chronic, with acute enteritis.....	1						1
Chronic, with acute enterocolitis.....		1					1
Chronic, with chronic endocarditis.....	1						1
Chronic, with pulmonary tuberculosis.....	1	1					2
Chronic, with purulent meningitis.....	1						1
Chronic, with septicæmia.....	1						1
Toxic (alcoholic), with pneumonia.....		1					1
Recurrent, with dysentery.....		1					1
Recurrent, with exhaustion.....		1					1
Recurrent, with pneumonitis.....	1						1
<b>Melancholia—</b>							
Acute, with dysentery.....				1			1
Acute, with chronic endocarditis.....			1				1
Acute, with exhaustion.....				1			1
Chronic, with acute enterocolitis.....			1				1
Chronic, with pneumonia.....			1				1
Chronic, with pulmonary tuberculosis.....			1				1
Chronic, with strangulation.....				1			1
Stuporous, with exhaustion.....			1				1
<b>Dementia—</b>							
Organic, with cerebral hemorrhage.....						3	3
Organic, with cerebral tumor.....						1	1
Organic, with chronic endocarditis.....						1	1
Organic, with exhaustion.....					1	1	2
Paretic, with acute gastroenteritis.....					1		1
Paretic, with chronic nephritis.....						1	1
Paretic, with chronic cystitis.....					1		1

TABLE XXI.—Continued.

## CAUSES OF DEATH.

CAUSES.	MANIA.		MALANCHOLIA.		DEMENTIA.		Total
	Men.	Women.	Men.	Women.	Men.	Women.	
Dementia—							
Paretic, with convulsions.....					4	1	5
Paretic, with exhaustion.....					5	4	9
Paretic, with pneumonia hypo-static.....					1		1
Paretic, with pulmonary abscess.....					1		1
Senile, with acute colitis.....					1		1
Senile, with acute enteritis.....					2		2
Senile, with chronic cystitis.....					1		1
Senile, with chronic endocarditis.....					2	3	5
Senile, with chronic nephritis.....						1	1
Senile, with dysentery.....						3	3
Senile, with exhaustion.....					5	2	7
Senile, with pneumonia.....					2		2
Senile, with senile gangrene.....					1		1
Terminal, with cerebral embolism.....					1		1
Terminal, with cerebral hemorrhage.....						1	1
Terminal, with carcinoma of breast.....						1	1
Terminal, with chronic cystitis.....						1	1
Terminal, with chronic endocarditis.....					2	2	4
Terminal, with chorea.....						1	1
Terminal, with dysentery.....						4	4
Terminal, with exhaustion.....					2	1	3
Terminal, with pulmonary oedema.....						1	1
Terminal, with pulmonary tuberculosis.....					1		1
Terminal, with pneumonia.....					1	2	3
Imbecility with epilepsy, pneumonia.....					1		1
Imbecility with epilepsy, status epilepticus.....						1	1
Pubescent insanity, with pneumonia.....					1		1
Pubescent insanity, with tuberculosis.....					1		1
Paranoia, with pneumonia.....						1	1
Total.....	10	8	5	3	38	37	101

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

YEARS.	Men.	Women.	Total.	Increase
October 31st, 1876.....	159	183	342	.....
October 31st, 1877.....	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879.....	248	279	527	47
October 31st, 1880.....	277	309	586	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	26
October 31st, 1883.....	330	377	707	40
October 31st, 1884.....	371	374	745	38
October 31st, 1885.....	415	414	829	84
October 31st, 1886.....	415	441	856	27
October 31st, 1887.....	434	439	873	17
October 31st, 1888.....	463	441	904	31
October 31st, 1889.....	427	430	*857	.....
October 31st, 1890.....	450	436	886	29
October 31st, 1891.....	455	443	898	12
October 31st, 1892.....	471	478	949	51
October 31st, 1893.....	500	500	1009	60
October 31st, 1894.....	520	530	1050	41
October 31st, 1895.....	541	575	1116	66
October 31st, 1896.....	538	550	†1088	.....
October 31st, 1897.....	593	584	1177	89
October 31st, 1898.....	618	618	1236	59
October 31st, 1899.....	658	644	1302	66

\*One hundred patients transferred to Essex County Hospital.

†Eighty-five patients transferred to Hudson County Asylum.

## RESUMÉ.

The census at the close of the Hospital year showed an insane population of 1,302—658 men and 644 women, a gain of 66 over the number at the close of the last fiscal year.

There were 272 patients admitted during the year—137 men and 135 women, 240 of which were admitted for the first time and 82 of which were re-admissions. The nativity of those admitted was as follows: New Jersey, 109; other parts of the United States, 56; foreign birth, 107. Two hundred and sixty-eight were residents of New Jersey and four were non-residents. Sixty-eight patients were discharged as recovered—30 men and 88 women.

The percentage of recoveries, based on the number admitted, was 25 per cent. This is a good ratio of recovery, when the fact is con-





**NEW BUILDING.  
SHOWING COMPLETED MALE WING.**

sidered that no permanent improvement or recovery could be expected in a large number, owing to the form of mental disease from which they were suffering. In Table XII are recorded the various bodily disorders of those admitted. It shows that 105 of the 272 cases were suffering from some serious physical ailment. Table IX shows that no benefit could possibly be expected in the mental condition of 81 of the 272 admissions. If, therefore, our percentage of recoveries should be based on the number admitted who were in good physical condition it would be over 40 per cent. ; or, deducting the 81 incurable cases, and not considering the physical condition, the recoveries would be 36 per cent.

The number under treatment during the year was 1,508—755 men and 753 women. The number of deaths (101) is 6.6 per cent. of the number under treatment. This is a low death-rate. It is, however, 1.2 per cent. higher than last year, and may be accounted for in a measure by the epidemic of dysentery which ravaged the Hospital during the month of August, and was rapidly fatal to the aged and infirm.

The mental disease of those who died is set forth in Table XX and the mental disease with the immediate cause of death is tabulated in Table XXI.

The annexed statistical tables are full and complete and show the result of the year's work.

The following is the official classification of those remaining in the Hospital October 31st, 1899: Indigent, 1066; Pay, 150; Criminal, 23; Convicts, 63; making a total of 1302.

It is with satisfaction that I record the fact that there has been no case of scarlet fever since the epidemic recorded in the last annual report. It is a well-established fact that scarlet fever will recur at almost stated intervals in places where it once gains a foothold, especially in large hospitals. I am convinced that the thorough disinfection of every part of the Hospital last spring has been a factor in its non-recurrence.

During the month of August we suffered from an epidemic of dysentery which attacked both male and female wings simultaneously. It was unusually severe and fatal in the old and feeble. While no special cause could be ascertained it was attributed to the water-supply, which, owing to the protracted dry weather, had become low in the reservoirs. The supply also had to be supplemented by pumping from the stream

which feeds the ice-pond. We were unable to determine whether this source had become contaminated by decaying vegetation or from the drainage in its vicinity. The new reservoir, recently completed, will eliminate even the suspicion of infection from the latter source. At the inception of this epidemic, however, all the drinking-water used on the wards was taken from the hot-water faucets and cooled with ice. With this exception the health of the Hospital during the year has been remarkably good.

#### OVER-CROWDED CONDITION OF THE HOSPITAL.

In my last report I called attention to the over-crowded condition of the Hospital and confidently expected that before the close of another year we would be able to utilize the north wing of the new building for male patients, thereby relieving the congested condition of the male wards of this building. In this we have been disappointed. While the north wing of the new Hospital could be made ready in a comparatively short time to receive patients, it has been found impracticable to occupy it until the female department is also completed. The work on this wing has progressed very slowly, owing in part to the unlooked-for delay in obtaining the necessary iron work, and the outlook is that it will be another year at least before the building will be ready for occupancy. This is to be regretted, as it becomes a problem how to place and care for our ever-increasing numbers. During the past year we have been obliged to place more beds in the rooms and dormitories already crowded and to fill the parlors, or patients' sitting-rooms in all but three of the wards on each wing. These also will have to be sacrificed for the same purpose during the coming year, should our number increase at the same yearly ratio that it has in the past.

The evils and dangers of over-crowding have been detailed in former reports and we have been very fortunate in having had but one casualty to record; that of a woman who, although under the night service and carefully watched, eluded the vigilance of the night nurse by hanging herself to an outer window guard with the napkin she was wearing during her menstrual period, while the night nurse was attending to a particularly troublesome patient.







TRAINING SCHOOL AT LECTURE.

SEY 87



TRAINING SCHOOL ASSEMBLED.

## EPILEPTICS.

We have gained 10 epileptics during the past year, making a total of 106. While it would be unwise and impracticable to have all these provided for at once by the New Jersey Village for Epileptics, it is to be hoped that this new institution will be able to relieve us during the coming year of at least a portion of this number.

## CRIMINAL AND CONVICT INSANE.

The year closed with 63 convicts and 23 criminals in the hospital, a total of 86 patients with a criminal record.

In previous reports I have called attention to the constantly increasing number of this undesirable class of insane, and I again repeat that their presence in a State hospital is a constant source of apprehension and embarrassment.

I would again recommend that the convict and criminal insane be cared for in a building set apart specially for them. Such building should preferably be located near the State Prison grounds; and as the State now supports them in its State Hospitals no additional expense would therefore be incurred in caring for them separately.

## TRAINING-SCHOOL.

The training-school for nurses is now entering upon its sixth year, and the Hospital continues to reap the benefit of an improved and more intelligent service. At our last examination two men and three women were graduated, making a total of 31 men and 41 women who have been granted diplomas.

All nurses who went into the service of the government a year ago, and who re-applied when such service was finished, were reinstated. A schedule of lectures has been made, and the commencement exercises for the next class will be held on May 23d, 1900.

## PATHOLOGICAL WORK.

The pathological department continues to maintain its high standard of excellence and has been an important aid to diagnosis and treatment.

The result of the necropsies have been carefully studied and will be found in the pathological supplement. Dr. Prout's observations on the pathological lesions found in cases of paretic dementia verify his work along this line and published in last year's report, and together they form a valuable contribution to the literature of this subject.

#### COUNTY ASYLUMS.

The question of building county asylums, and the removal of patients from the State Hospitals to such asylums, on the plea of a cheaper maintenance, has been discussed and agitated during the past year in several counties. It is sincerely to be hoped that no such action as contemplated will be taken. It is a step backward and far behind the most enlightened conceptions of the treatment of the insane to-day. The herding of insane persons in almshouses with children and paupers is earnestly to be decried. The influence is bad and the result is bad. It is an experiment which has been tried in England, and in various States of this country, and discarded as unsafe, impolitic and unwise. Under the existing laws of New Jersey it is impracticable. In the few States of the Union in which this principle is still in force, special laws have been enacted to safeguard the interests of the insane. It is gratifying that in most of the States it has been prohibited by law. It should be, not how cheaply, but rather how well, can we care for these unfortunates, with the expectation that as our knowledge of insanity increases, and its treatment improves, a larger percentage than ever may be restored to reason, and again made self-supporting members of the community. The object of an institution should be the study and treatment of insanity, and not the mere detention of lunatics.

In New Jersey the county asylums receive \$2 per week from the State for the maintenance of each insane person committed to their care, while the State institutions receive but \$1 per week from the State Treasury for each patient from those counties not having asylums. This discriminates against those counties not having asylums and offers them a premium to build. At a time when the State was not equipped to care properly for its insane population, this matter of offering each county a premium for caring for its indigent insane was perhaps admissible, but it is not so now. It is a matter of record that in some States where this policy has been carried out for any length of time





WARD FOR WOMEN.

the confidence of the State has been abused, and such asylums have been run as part and parcel of the county political machine. The principle is wholly wrong, and under our existing laws this State has absolutely no guarantee that its beneficence will at all times be properly expended.

#### AMUSEMENTS AND EMPLOYMENTS.

The results brought about in the improved mental condition of a number of patients during the past year tends to confirm the wisdom of placing amusements and exercise in the front rank as remedial measures or agents for the disordered mind.

The weekly dances are and have been a source of unremitting pleasure to our patients, and many to whom life was a burden and who apparently took no interest in anything have been awakened from their mental torpor and their interest again stimulated by at first witnessing and finally taking part in this weekly affair.

In this connection I would recommend the building of a covered platform or pavilion for dances and open-air concerts to be held during the warm weather months. This would be a source of real pleasure and recreation, and would be greatly enjoyed by our patients.

Our weekly baseball games have been successfully carried on during the season, and the grand stand has been taxed to its capacity to accommodate the patients, both men and women, who desire to witness the games. The interest and enthusiasm displayed by the patients in this branch of our amusements have been exceptional.

A golf course of six holes has been laid out in the rear of the Hospital which in another year will afford another means of pleasant exercise and diversion.

During the year we have kept as many of our patients employed as possible, both indoors and outdoors, and, as usually happens, many of those to whom employment was at first repugnant now ask to be kept busy when for any reason the work does not require their services; and I but repeat the experience of all those engaged in this work when I say that exercise, amusement and employment are three cardinal principles in treatment.

The labor performed by the patients during the year is fully shown in the following tables: 87,594 days' work was done on the wards and 37,151 on the farm and grounds, and in the shops, sewing-room, kitchen and laundry.



TABLE I.

NUMBER OF DAYS' WORK DONE BY PATIENTS ON THE WARDS.

DATE.	Men.	Women.	Total.
1898.			
November.....	3,793	3,070	6,863
December.....	3,906	3,057	6,963
1899.			
January.....	4,113	3,187	7,300
February.....	3,714	2,990	6,644
March.....	4,192	3,284	7,476
April.....	4,089	3,125	7,214
May.....	4,340	3,223	7,563
June.....	4,226	3,096	7,322
July.....	4,371	3,151	7,522
August.....	4,461	3,156	7,617
September.....	4,424	3,124	7,548
October.....	4,872	3,050	7,922
Total.....	50,501	37,453	87,954

TABLE II.

NUMBER OF DAYS' WORK DONE BY PATIENTS IN THE INDUSTRIAL DEPARTMENT.

DATE.	LAUNDRY.			KITCHEN.			Bakery.	Farm and grounds.	Shops.	Sewing room.	Total.
	Men.	Women.	Total.	Men.	Women.	Total.					
1898.											
November...	206	384	590	294	39	333	83	1,037	325	412	1,857
December...	209	432	641	316	46	362	99	1,027	331	431	1,888
1899.											
January.....	267	402	669	305	29	334	113	988	367	399	1,867
February.....	219	413	632	315	28	343	100	742	326	417	1,585
March.....	251	490	741	339	31	370	117	991	362	459	1,929
April.....	243	531	774	289	43	332	105	1,139	353	440	2,037
May.....	223	500	723	263	46	309	108	1,311	413	461	2,293
June.....	511	491	1,002	245	39	284	105	1,313	443	459	2,320
July.....	199	477	676	300	30	330	106	1,211	438	407	2,162
August.....	253	514	767	386	30	416	120	1,294	456	390	2,260
September...	200	436	636	307	29	336	108	1,276	418	361	2,163
October.....	182	460	642	288	31	319	109	1,333	408	379	2,229
Total.....	2,963	5,530	8,493	3,647	421	4,068	1,273	13,662	4,640	5,015	24,590

## TREATMENT.

From time to time inquiries are made as to how excitable patients are managed and why unmanageable insane persons so soon become quiet and tractable after admission to a hospital. To correct common errors and give some information of use, I venture to devote a brief section of this report to the subject of the treatment of mental diseases. There seems to be a prevailing impression that a special manner of the application of drugs is the one great and important means of correcting mental derangement, and that in institutions there is known a line of medication bordering on the mysterious which tends promptly to heal and set aright "minds diseased." Were such the case, it would become not only an easy task, but a pleasing duty to record the means to this end; but unfortunately such is not the case, and we are compelled to still abide by the ordinary principles of physiological medicine. The adage that "no two cases are alike" is more than doubly emphasized in its application to the insane. It is next to impossible to outline a general plan of treatment applicable to large groups of cases. As a verification of this fact no classification of insanity has ever been made that is acceptable to alienists, though the subject has been given a vast amount of studious attention. Every case must be individualized. Each pathological condition must be considered in its bearing upon the particular case in which it is found as well as the influence it exerts in producing the mental unbalance presented. Every well-equipped institution commands facilities which the patient in his home and home surroundings cannot command, though cared for by skilled physicians. The removal of a patient from the scene of his troubles, real or imaginary, and his separation from many of the exciting causes of his mental trouble, as well as from the worry and anxiety of over-solicitous relatives, often becomes at once a potent factor in his restoration. On admission to an institution he is looked upon as suffering from serious disease. The insanity is merely a prominent symptom with a physical basis, which may be referred to the nervous tissue, the blood, the lymphatics, locked-up secretions, deranged emunctories or a pathological condition of any of the vital organs which control or modify nutrition, and in this is comprehended the matter of heredity. Hereditary taint is but the inherited peculiarities of nervous structure which predisposes to mental unbalance, modified or intensified by environment. As we cannot remove pre-

disposing causes, it remains for us to modify as much as possible the exciting cause, and this frequently establishes mental equilibrium. The fundamental principle to be observed is to note carefully and treat all pathological conditions. The stress laid upon the fact that the patient is insane is more frequently a source of detriment than otherwise and is calculated to obscure the causal factors of the mental derangement. This is often exemplified in patients coming to an institution after a course of home treatment. The attending physician, in his eagerness to allay mental exaltation and excitement, prescribes morphine freely, or to alleviate the mental distress and agitation of melancholia resorts to a free use of chloral and the bromides. The underlying cause has been relegated to the background and lost sight of. By such a course of treatment the mental condition is aggravated and the probabilities of recovery lessened. The delusions or hallucinations are cultivated in vain attempts to quiet and soothe the patient with the hope that institution treatment may be avoided. Thus impairment or deterioration of the central nervous system becomes more or less permanent, and when finally, as a last resort, committed to institution care the condition is often a hopeless one. The treatment of the insane in institutions means nothing more nor less than the judicious application of the rational principles of medicine and hygiene, and so far as possible the removal of irritating influences. At home a patient is usually a tyrant. He has not only dictated the terms upon which his daily life shall be regulated, but he has dominated, under the influence of his peculiar ideas, the members of his family and all those around him. He has formed habits as to diet, sleep, baths, wearing apparel, etc., which if followed would break down one in vigorous health. In an institution a radical change takes place in these habits. He can no longer dictate terms, but has to conform to the regular routine. Regular hours for rising, for meals, for baths, for exercise and for sleep take the place of his former irregular habits. He becomes a passive instrument in the hands of those who are there to think for him and to arrange for every detail. Under this routine and discipline, the excited soon become quiet, and the restive tractable.

Daily exercise in the open air to the point of healthy fatigue is important and may be obtained mainly in two ways—a selection of suitable work on the farm, the garden, the flowers and the various industries. This, however, should be always under the supervision of

persons who do not lose sight of the fact that the interest of the patient is paramount, and that the capacity for exercise varies with the individual. Secondly, the various forms of outdoor amusements, and they cannot be too varied or extensive. These not only give healthful exercise and induce sleep, but pleasantly occupy the mind to the exclusion of self and morbid ideas. Too high an estimate cannot easily be placed on these as sleep-producers and curative agents. The regulation of sleeping hours and the obtaining of a sufficient amount of sleep is of the greatest importance. Without sleep and the suspension of mental activity incident thereto no case will do well, and a quick restoration can hardly be looked for. Supplementing the sleep-producing effects derived from the sources mentioned, the following drugs have been found valuable: Trional, gr. xx to xxx; paraldehyde, one to two drachms combined with whiskey and syrup; Sulphonal, gr. xxx in hot milk, and in some cases a combination of the bromides and chloral. Too much importance cannot be attached to the use of the hot bath and vigorous rubbing down as a hypnotic. This often succeeds when drugs fail, and sleep induced without drugs is always more beneficial and is attended with more gratifying results.

At least 90 per cent. of all patients coming under institution care demand a tonic line of treatment. The first remedy to be considered is nutritious diet. This should be carefully selected, and even more carefully prepared. It not infrequently occurs that patients, because of their delusions or other untenable reasons, refuse food. Such cases have to be fed artificially, and without delay. Every well-equipped institution should have a diet kitchen upon its wards, presided over by a nurse trained and skilled in the preparation of diet for the sick. Then comes the administration of drugs, tonic in character, among which the elixir of iron, quinine and strychnia has a wide scope of usefulness. Sluggish secretions demand attention as well as all other bodily ailments calculated to affect nutrition seriously, and the manner of medication is practically the same as that called for in persons not suffering from mental derangement. In other words, the various morbid conditions which undermine the general health, affect nutrition and act as exciting causes must be carefully looked after. To enumerate the various drugs used for this purpose would be stating facts familiar to every practitioner.

## RELIGIOUS SERVICES.

The following clergymen have officiated in conducting religious services in the chapel according to the schedule in operation :

Rev. Dr. Albert Erdman, Presbyterian, Morristown.

Rev. Dr. T. I. Coultas, Methodist, Morristown.

Rev. S. Z. Batten, Baptist, Morristown.

Rev. Father A. M. Egan, Roman Catholic, Morris Plains.

Rev. William M. Hughes, Episcopalian, Morristown.

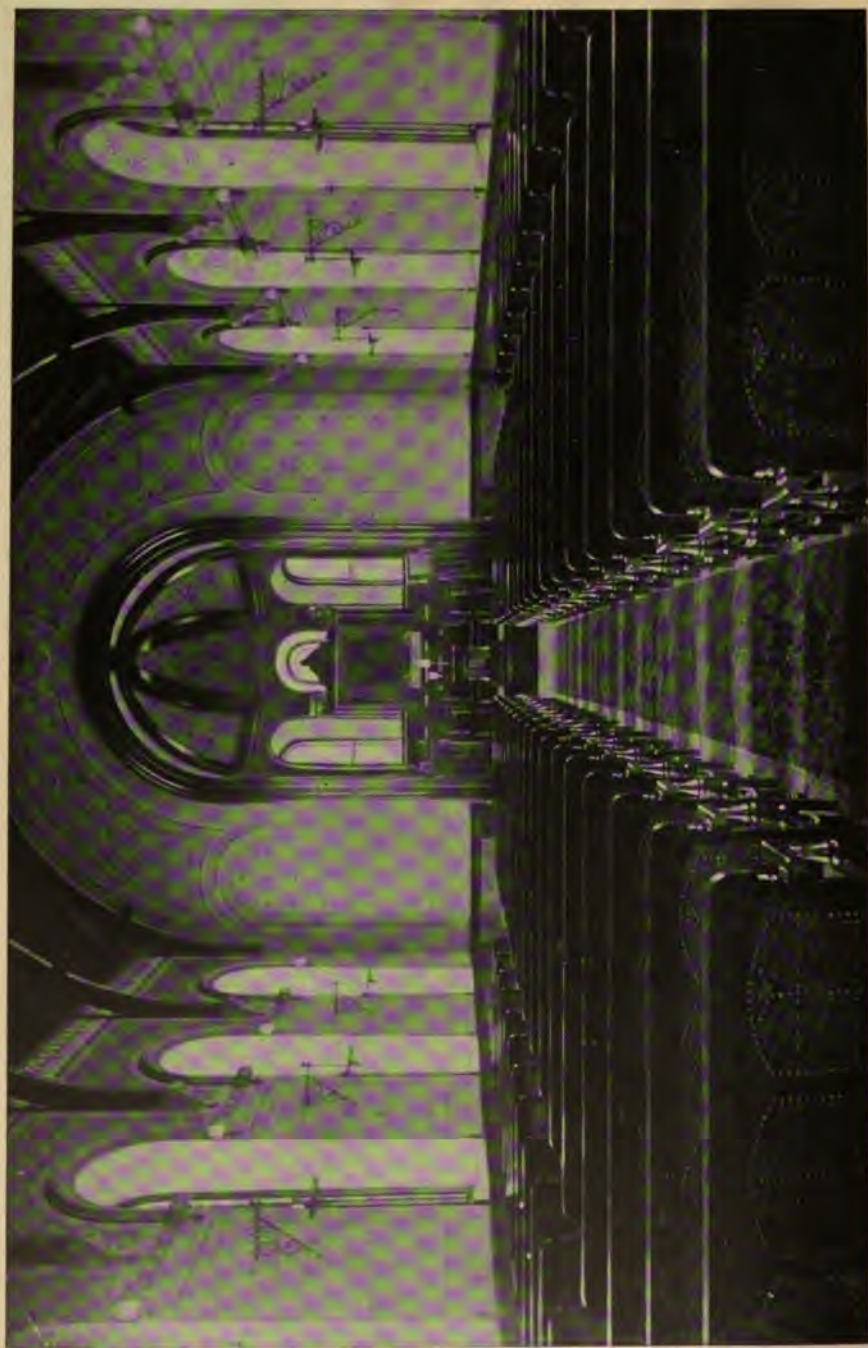
The following is the schedule of services for the coming year.

1899.		April	1st ..... Baptist.
October	1st ..... Methodist.	"	8:h ..... Episcopal.
"	8:h ..... Baptist.	"	15th ..... Presbyterian.
"	15th ..... Episcopal.	"	22d ..... Roman Catholic.
"	22d ..... Presbyterian.	"	19:h ..... Methodist.
"	29th ..... Roman Catholic.	May	6th ..... Baptist.
November	5th ..... Methodist.	"	13th ..... Episcopal.
"	12th ..... Baptist.	"	20th ..... Presbyterian.
"	19:h ..... Episcopal.	"	27th ..... Roman Catholic.
"	26th ..... Presbyterian.	June	3d ..... Methodist.
December	3d ..... Roman Catholic.	"	10th ..... Baptist.
"	10th ..... Methodist.	"	17th ..... Episcopal.
"	17th ..... Baptist.	"	24th ..... Presbyterian.
"	24th ..... Episcopal.	July	1st ..... Roman Catholic.
"	31st ..... Presbyterian.	"	8th ..... Methodist.
1900.		"	15th ..... Baptist.
January	7th ..... Roman Catholic.	"	22d ..... Episcopal.
"	14th ..... Methodist.	"	29th ..... Presbyterian.
"	21st ..... Baptist.	August	5th ..... Roman Catholic.
"	28th ..... Episcopal.	"	12th ..... Methodist.
February	4th ..... Presbyterian.	"	19th ..... Baptist.
"	11th ..... Roman Catholic.	"	26th ..... Episcopal.
"	18th ..... Methodist.	September	2d ..... Presbyterian.
"	25th ..... Baptist.	"	9th ..... Roman Catholic.
March	4th ..... Episcopal.	"	16th ..... Methodist.
"	11th ..... Presbyterian.	"	23d ..... Baptist.
"	18th ..... Roman Catholic.	"	30th ..... Episcopal.
"	25th ..... Methodist.		

Each clergyman has an equal representation, and is responsible for the services on the date set apart for him. If for any reason he is unable to attend, it is understood that he will provide a substitute, with whom he is to arrange, so that the accounts of the Hospital can be kept with the clergyman responsible for the date, not with the substitute.

Adopted by the Board of Managers at a regular meeting, September 1st, 1898.





HOSPITAL CHAPEL.

## RESIGNATIONS AND APPOINTMENTS.

There has been no change in the medical staff during the year.

Mr. Peter J. Daly, of Morristown, who held the position of house-druggist, resigned on account of ill health on February 1st, 1899, and Mr. Abram S. Truex was appointed to fill the vacancy.

The relations of the medical and business departments have been, without exception, pleasant and harmonious.

In closing this report, I desire again to express my appreciation of the loyalty and faithfulness of my assistants on the medical staff.

Respectfully submitted,

BRITTON D. EVANS,

*Medical Director.*

Morris Plains, N. J., October 31st, 1899.





## DONATIONS.

---

The Hospital makes grateful acknowledgment of the following contributions and courtesies :

November 9th, 1898, entertainment by Marshall Ball & Co., of Newark.

March 8d, 1899, entertainment by Messrs. Higgins and Corwin and the Misses Kugler, Walsh and Starr.

March 29th, 1899, entertainment by the Young Men's C. A. gymnastic class, under direction of Dr. Thompson.

March 29th, 1899, package of magazines from Mrs. Sullivan, of Morristown, N. J.

October 5th, 1899, package of magazines and novels from Mr. J. T. Polly, Paterson, N. J.

The following is a list of newspapers which have been sent regularly to the Hospital gratuitously, and are always welcome and appreciated :

The Observer.....	Hoboken.
The Jersey City News.....	Jersey City.
The Evening Journal.....	Jersey City.
The New Jersey Staats Zeitung.....	Jersey City.
The Evening News.....	Hoboken.
The Bayonne Budget.....	Bayonne.
The Kearney Observer.....	{ Kearney and Arlington.
Hudson County Review.....	Town of Union.
Hunterdon County Democrat.....	Flemington.
Hunterdon Independent.....	Frenchtown.
The Clinton Democrat.....	Clinton.
The Lambertville Record.....	Lambertville.
The Newark Sunday Call.....	Newark.
Town Talk.....	Newark.
New Jersey Trade Review.....	Newark.
New Jersey Deutsche Zeitung.....	Newark.
Newark Evening News.....	Newark.
South Orange Bulletin.....	South Orange.
The Republican.....	Westfield.
The Railroad Employe.....	Hoboken.
Daily True American.....	Trenton.
Union Democrat.....	Rahway.

Der Hans Freund.....	Elizabeth.
Evening Record.....	Hackensack.
Newark Tribune.....	Newark.
Newark Pioneer.....	Newark.
The Bloomfield Record.....	Bloomfield.
The Bloomfield Citizen.....	Bloomfield.
The Newark Item.....	Newark.
The Orange Journal.....	Orange.
Orange Sontagsblatt .....	Orange.
The Short Hills Item .....	Short Hills.
The Advance .....	Jamesburg.
Southwestern Presbyterian.....	New Orleans, La.
Paterson Volksfreund.....	Paterson.
De Telegraaf.....	Paterson.
Paterson Evening News.....	Paterson.
Passaic Daily News.....	Passaic.
Passaic City Record .....	Passaic.
The Union County Standard.....	Westfield.
The Westfield Leader.....	Westfield.
The Constitutionalist.....	Plainfield.
The Daily Press.....	Plainfield.
The Summit Herald.....	Summit.
The Summit Record.....	Summit.
Elizabeth Daily Journal.....	Elizabeth.
Union County Record.....	Elizabeth.
Freie Presse.....	Elizabeth.
New Jersey Advocate.....	Rahway.
The Hackensack Republican.....	Hackensack.
The Bergen County Index.....	Hackensack.
The Englewood Times.....	Englewood.
Bergen County Herald .....	Rutherford.
Carlstadt Freie Presse.....	Carlstadt.
Hunterdon Republican.....	Flemington.
Democrat-Advertiser.....	Flemington.
The Milford Leader.....	Milford.
The Frenchtown Star.....	Frenchtown.
The Morris County Chronicle.....	Morristown.
The True Democratic Banner.....	Morristown.
The Evening Express.....	Morristown.
The Jerseyman.....	Morristown.
The Iron Era .....	Dover.
The Dover Index.....	Dover.
The Morris Journal.....	Dover.
The Madison Eagle.....	Madison.
The Rockaway Record.....	Rockaway.
The Boonton Weekly Bulletin .....	Boonton.
The New Jersey Herald.....	Newton.
The Post .....	Phillipsburg.
The Warren Democrat .....	Phillipsburg.

The Warren Republican.....	Hackettstown.
The Warren Journal.....	Belvidere.
The Warren Tidings.....	Washington.
The Washington Star .....	Washington.
The Morning Call.....	Paterson.
The Paterson Daily Press.....	Paterson.
Paterson Daily Guardian.....	Paterson.



---

---

**REPORT OF**  
**Thomas P. Prout, M. D., Resident Pathologist.**

---

---

**(45)**



# Report in Pathology.

*To the Medical Director :*

The total number of autopsies during the past year was 11, comprising the following forms of mental disease :

Dementia paretic .....	3
Dementia senile .....	3
Dementia terminal.....	1
Imbecility—epileptic.....	1
Insanity of adolescence.....	1
Mania chronic.....	1
Paranoia.....	1
	<hr/> 11

As regards sex, six were males and five were females. The average age at death was 50.5 years, and the average duration of mental disease was 9.7 years, the extremes of duration being 29 years and one year.

TABLE I.

No.	Sex.	Age	Mental Disease.	Duration.	Anatomical Diagnosis.
244	F.	79	Dementia, senile...	20 years....	Lobar pneumonia. Chronic endocarditis. Chronic parenchymatous nephritis, with formation of cysts. Cystic degeneration of ovary (left). Chronic interstitial splenitis.
245	M.	76	Dementia, senile...	7 years....	Chronic pachymeningitis. Chronic pleuritis. Acute broncho-pneumonia. Acute pericarditis. Acute myocarditis. Chronic endocarditis. Chronic diffuse nephritis. Direct inguinal hernia.
246	F.	31	Paranoia.....	8 years ...	Broncho-pneumonia. Pleurisy with effusion. Acute renal congestion.
247	F.	61	Dementia, terminal	17½ years..	Edema of the lungs. Chronic endocarditis. Fatty degeneration of the liver.



TABLE I.—*Continued.*

No.	Sex.	Age	Mental Disease.	Duration.	Anatomical Diagnosis.
248	M.	85	Dementia, senile...	7 years...	Hypostatic pneumonia. Chronic endocarditis. Chronic diffuse nephritis.
249	M.	59	Mania, chronic.....	29 years...	Acute purulent meningitis. Chronic endocarditis. Acute diffuse nephritis. Fatty degeneration of liver.
250	F.	33	Dementia, parietic..	1 year.....	Hypostatic pneumonia. Chronic parenchymatous nephritis. Passive hepatic congestion.
251	M.	25	Insanity of pubescence.....	9 years...	Chronic pleuritis (tubercular). Chronic pulmonary tuberculosis.
252	F.	25	Imbecility, epileptic.....	5 years...	Cranial exostosis. Chronic leptomeningitis. Hypostatic pneumonia.
253	M.	49	Dementia, parietic..	2½ years..	Chronic meningo-encephalitis. Chronic interstitial pneumonia. Chronic pleuritis. Chronic gastritis (with old ulcers). Chronic endocarditis. Chronic diffuse nephritis. Acute gastro-enteritis.
254	M.	33	Dementia, parietic..	2½ years..	Chronic meningo-encephalitis. Hypostatic pneumonia. Hepatic congestion (passive). Chronic endocarditis.

TABLE II.

Number.	GROSS LESIONS OF ORGANS.	Brain Membranes.	Gross Appearance of Brain.
	<i>Dementia Senile.</i>		
244	Heart—Mitral and aortic valves calcareous and thickened. Liver—Small. Edges Sharp. Left lobe large. Substance congested. Spleen—Small. Substance of increased consistence. Kidneys—Capsule strips readily. Surface mottled. Substance contains several cysts. Cortex thin. Suprarenal Capsule—About one-third the normal size. Left Ovary—Contains a large cyst.		Brain not examined.
245	Lungs—Very edematous. Pleural surfaces thickened. Pleural cavity obliterated. Heart—Very large. Muscular wall thin and fatty. Mitral valve thickened and calcareous. Liver—Diminished consistence. Congested (passive). Spleen—Enlarged. Outer surface very adherent to the diaphragm. Kidneys—Cortex thin. Surface roughened. Striations poorly defined. Malpighian tufts not visible.	Dura adherent to skull. Pia edematous and opaque.	Cortex very thin and atrophied. Substance of diminished consistence.
248	Lungs—Hypostatic congestion Bronchi inflamed. Heart—Aortic valve very calcareous. Tricuspid valves thickened. Liver—Surface smooth and mottled. Edges sharp. Consistence slightly increased. Gall Bladder—Large and contains two gall-stones. Abdominal Aorta—Markedly atheromatous. Kidneys—Surface smooth and mottled. Capsule adherent. Cortex thin. Consistence increased.	Dura congested and thickened. Excessively adherent to brain.	Cortex thin. Convolutional atrophied.

TABLE II.—*Continued.*

Number.	GROSS LESIONS OF ORGANS.	Brain Membranes.	Gross Appearance of Brain.
	<i>Dementia Terminal.</i>		
247	<p>Lungs—Both lungs emphysematous, congested and edematous.</p> <p>Heart—Mitral valve covered with vegetations. Tricuspid valve thickened.</p> <p>Liver—Surface smooth and mottled. Substance of diminished consistence. Fatty areas throughout substance.</p> <p>Spleen—Substance of increased consistence.</p> <p>Kidneys—(Left) Capsule presents thickened areas. (Right) Absent.</p> <p>Stomach and Intestines—Very much distended with gas.</p>		Brain not examined.
	<i>Dementia Paralytica.</i>		
250	<p>Lungs—Pleural surfaces adherent. Hypostatic posteriorly.</p> <p>Heart—Small. Mitral valve thickened.</p> <p>Liver—Slightly fatty. Substance flabby and congested.</p> <p>Kidneys—Irregular in shape. Capsule adherent. Cortex thin. Striations not well defined.</p>		Brain not examined.
253	<p>Lungs—Pleural surfaces very adherent. Bronchi thickened.</p> <p>Heart—Fatty. Aortic valve and aorta thickened.</p> <p>Kidneys—Capsule adherent. Surface roughened and mottled. Cortex thin. Striations poorly defined.</p> <p>Stomach—Mucous lining thickened. Slight congestion at pyloric orifice. An old ulcer along the greater curvature immediately beneath the esophagus; also several small ulcers at esophageal opening. Esophagus shows many linear scars especially marked at the upper portion.</p>	Dura congested and thickened. Excessively adherent to skull. Pia thickened and very edematous. Adherent to brain.	Cortex thinned and convolutions greatly atrophied. Substance of increased consistence and congested.

Number.	GROSS LESIONS OF ORGANS.	Brain Membranes	Gross Appearance of Brain.
254	<p>Heart—Mitral and aortic valves thickened. Aorta atheromatous. Lungs—Hypostatic posteriorly. Right lower lobe consolidated. Kidneys—Capsule strips readily. Surface smooth. Cortex normal in thickness. Striations and malpighian tufts well defined. (A small portion of the left kidney presents thinned cortex and poorly defined striations.) Mesenteric Glands—Enlarged and calcareous.</p> <p><i>Imbecility, Epileptic.</i></p>	<p>Dura thickened. Pia edematous, opaque thickened and adherent to brain surface.</p>	<p>Brain of increased consistence. Cortex very thin. Substance congested. Convulsions atrophied</p>
252	<p>Lungs—Hypostatic consolidation in posterior portion.</p> <p><i>Insanity of Adolescence.</i></p>	<p>Dura slightly congested. Pia thickened and congested.</p>	<p>Substance congested.</p>
251	<p>Lungs—Pleural surfaces adherent and thickened. Bronchi contain large quantity of purulent mucus. Cut surface studded with areas of tubercular tissue and shows numerous small cavities containing pus. Bronchi greatly inflamed and contain frothy bloody serum. Heart—Large and flabby. Pericardium adherent.</p> <p><i>Mania Chronic.</i></p>		<p>Brain not examined.</p>
249	<p>Lungs—Marked hypostatic congestion posteriorly. Heart—Large and flabby. Mitral and aortic valves thickened. Right heart very fatty. Spleen—Small and flabby. Kidneys—Large. Capsule thin and adherent. Diminished consistence. Malpighian tufts not well defined.</p> <p><i>Paranoia.</i></p>	<p>Dura congested and thickened. Pia congested and thickened.</p>	<p>Convulsions atrophied. Cortex thin.</p>
246	<p>Lungs—Pleural surfaces very adherent. Small cavities containing pus in the upper portion. Completely consolidated. Very edematous. Heart—Small. Liver—Diminished consistence. Fatty. Spleen—Large and friable.</p>		<p>Brain not examined.</p>

We find that in seven of the autopsies the kidneys presented a gross lesion, one of which was of an acute character and accompanied the intercurrent disease which caused death. The percentage of cases showing gross kidney lesion, therefore, is 63.6, a little below that of last year (71.4). Reproducing last year's table, which gave the percentage of cases showing gross kidney lesions by ages for the past five years, and making the additions to it for the past year, the relative frequency of gross kidney lesions in the insane, as shown by the 118 autopsies during the past six years, appears as follows:

AGE.	No.	Showing gross kidney lesion.	Without gross kidney lesion.	Per cent. showing gross kidney lesion.
Below 30.....	17	7	10	41.1
30 to 40 .....	19	11	8	57.8
40 to 50.....	26	19	7	73.0
50 to 60.....	20	13	7	65.0
60 and over.....	36	29	7	80.5
Total.....	118	79	39	66.9

The percentages in the above table are very little changed from those appearing in last year's report. The total percentage showing gross kidney lesions is slightly higher.

The uniformity of these figures from year to year is very suggestive. It is highly probable that the percentage of the insane showing gross kidney lesions at autopsy is somewhere between 60 and 70 per cent., and that there is little likelihood of any considerable variation from these figures. It may be objected that a considerable proportion of our cases are over 60 years of age, and therefore, in the nature of things, should show the kidney lesion common to old age; but if we leave out of account these cases, we still find an abnormally high percentage of cases showing gross kidney lesions. For instance, between the 50th and 60th years we have a percentage of 56, and between the 40th and 50th years we have an even higher percentage—70. It may be that the latter percentage is abnormally high; however, the 26 cases given in the table includes seven of paresis, and it is well known that the percentage of gross kidney lesions in this class of cases is very high. This applies also to cases between the ages of 30 and 40 years. The 18 cases in the table include seven of paresis. It

matters little how we look at these facts if we keep in mind the point of chief interest, the fact that the relative frequency of gross kidney lesions in the insane who come to autopsy is greater by from 10 to 30 per cent. than in the cases of similar age who come to autopsy in general hospitals.

In my report of 1895 I took occasion to go into this subject rather carefully, and at that time quoted statistics from St. Bartholomew's Hospital, London, giving the percentage of cases above 30 years of age that had shown gross kidney lesion at autopsy as 48.4 (quoted by Bond, *British Journal Mental Science*, Jan. 1895). If we leave out of account our own cases under 30 years of age, we have a total of 101 cases, 72 of which showed gross kidney lesion at the autopsy (71.2 per cent.). The percentage of gross kidney lesions in the insane appears to be nearly 24 per cent. higher than in the same class of cases in general hospitals.

The frequency of gross kidney lesions in paresis appears to be abnormally high. We find in going over the records of fifteen cases that there are in the whole number only two in which a gross kidney lesion can be excluded. This makes the percentage of cases showing gross kidney lesion in paresis very high (86.6 per cent.); higher, in fact, than the percentage found by Bristowe, in some figures published four years ago, and quoted in my report for 1895. This author found a gross kidney lesion in about 72 per cent. of his cases of paresis. Some careful thought has been given to the character of the kidney lesion in paresis, the vascular lesion in the kidney having been compared to the same lesion in the smaller vessels of the brain. If we accept the view suggested by Gull and Sutton—that arterio-capillary fibrosis is a general disease—it will not be difficult for us to ascribe the vascular lesions common to paresis to the same causes, whether occurring in the kidney or the vessels of the brain. It seems reasonable, at any rate, to look to the vessels as the primary point from which the lesion spreads in both brain and kidney. We have, however, to look further for the ultimate cause which probably exists as a toxic agent, or agents, circulating in the blood, which is the irritating factor which gives rise to disease.

### Notes on the Microscopical Appearance of the Cells of the Motor Cortex in Paresis.

The autopsy was done four hours after death and the material rapidly fixed and stained after Nissl and Robertson.

The cells without exception show some evidence of a degenerative process in active progress. The large ganglion cells of the motor cortex present a condition of marked fatty degeneration, which, however, varies somewhat in degree in different cells. A few are only slightly affected, but in most instances more than half the cell-body is involved. Not a few of the larger cells appear completely degenerated, presenting but a mere shade of their former selves. The chromatic substance is in a condition of complete disorganization. In a few of the lesser degenerated cells a few well-formed granules remain, but for the most part they have disappeared, and their places have been taken by a diffusely staining chromatic substance which causes the cell-body to present a homogeneous appearance, or else the chromatic substance has disappeared and left a fibrillary net-work, exposed to which a few small granular masses still adhere. This latter picture is only occasionally seen. The chromatolysis, therefore, is not a simple exhaustion of the chromatic substance, a denuding of the cell frame-work, but a process which involves and ultimately destroys both these anatomical elements, at the same time the nuclear outline is obliterated and the nucleus more or less deeply stained.

In the best preserved cells the fatty changes are but slight, the most marked condition being the chromatolysis, together with a marked displacement and reduction in the size of the nucleus. Irregularities in the outline of the nucleus are very common. The fatty condition, which is most decidedly exemplified in the large ganglion cells of the motor area, does not attack any constant portion of the cell. The area involved is sometimes large, sometimes small; sometimes the entire apical process is involved and sometimes the opposite.

We have, then, all degrees of variation in the degenerative changes occurring in the larger cell elements of the cortex, from the cell showing but little change to the cell showing such decided evidence of degeneration that recovery of function cannot be conceived. The varied appearances are but different stages in a destructive process, leading up to an obliteration of the cell as a unit in the cerebral cortex.





## EXPLANATION OF PLATE.

**FIG. 1.**—A portion of the second cortical layer, motor region, showing reduction in size of the individual cell, deeply stained nuclei, frequent absence of the nucleolus, and the destruction of the body of the cell. The relative diminution in number of these cells is seen by comparing with Fig. 2.

**FIG. 2.**—A portion of the second cortical layer, occipital region, showing the cells in a fair state of preservation.

The above drawings are made with Zeiss Oc. No. 3. Obj. DD. Outlines made by aid of Abbe camera lucida.

**FIG. 3.**—Some individual cells from the second cortical layer, motor region.

**FIG. 4.**—Some individual cells from the second cortical layer, occipital region.

In Figures 3 and 4 an effort was made to select some of the best preserved cells for the drawings. The drawings were made with Zeiss Oc. No. 3. Obj. oil im.  $\frac{1}{12}$ . Outlines made by aid of Abbe camera lucida.



FIG. 1

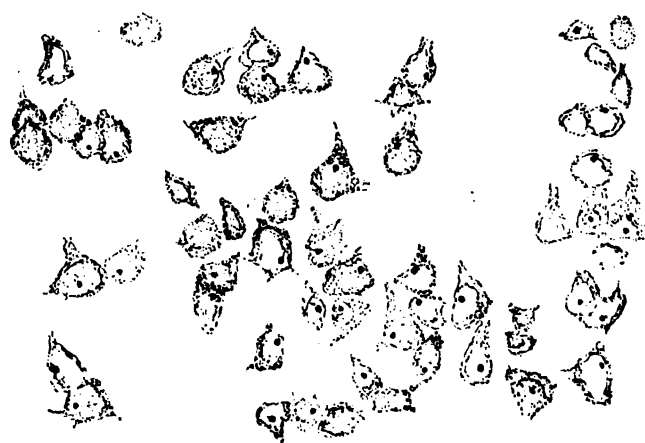


FIG. 2

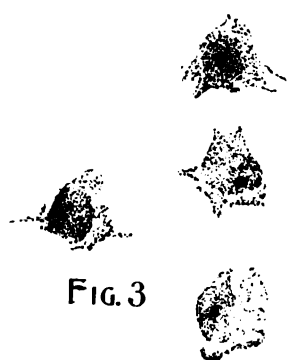


FIG. 3

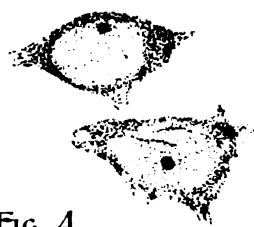


FIG. 4



THE  
20  
th  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124  
125  
126  
127  
128  
129  
130  
131  
132  
133  
134  
135  
136  
137  
138  
139  
140  
141  
142  
143  
144  
145  
146  
147  
148  
149  
150  
151  
152  
153  
154  
155  
156  
157  
158  
159  
160  
161  
162  
163  
164  
165  
166  
167  
168  
169  
170  
171  
172  
173  
174  
175  
176  
177  
178  
179  
180  
181  
182  
183  
184  
185  
186  
187  
188  
189  
190  
191  
192  
193  
194  
195  
196  
197  
198  
199  
200  
201  
202  
203  
204  
205  
206  
207  
208  
209  
210  
211  
212  
213  
214  
215  
216  
217  
218  
219  
220  
221  
222  
223  
224  
225  
226  
227  
228  
229  
230  
231  
232  
233  
234  
235  
236  
237  
238  
239  
240  
241  
242  
243  
244  
245  
246  
247  
248  
249  
250  
251  
252  
253  
254  
255  
256  
257  
258  
259  
260  
261  
262  
263  
264  
265  
266  
267  
268  
269  
270  
271  
272  
273  
274  
275  
276  
277  
278  
279  
280  
281  
282  
283  
284  
285  
286  
287  
288  
289  
290  
291  
292  
293  
294  
295  
296  
297  
298  
299  
300  
301  
302  
303  
304  
305  
306  
307  
308  
309  
310  
311  
312  
313  
314  
315  
316  
317  
318  
319  
320  
321  
322  
323  
324  
325  
326  
327  
328  
329  
330  
331  
332  
333  
334  
335  
336  
337  
338  
339  
340  
341  
342  
343  
344  
345  
346  
347  
348  
349  
350  
351  
352  
353  
354  
355  
356  
357  
358  
359  
360  
361  
362  
363  
364  
365  
366  
367  
368  
369  
370  
371  
372  
373  
374  
375  
376  
377  
378  
379  
380  
381  
382  
383  
384  
385  
386  
387  
388  
389  
390  
391  
392  
393  
394  
395  
396  
397  
398  
399  
400  
401  
402  
403  
404  
405  
406  
407  
408  
409  
410  
411  
412  
413  
414  
415  
416  
417  
418  
419  
420  
421  
422  
423  
424  
425  
426  
427  
428  
429  
430  
431  
432  
433  
434  
435  
436  
437  
438  
439  
440  
441  
442  
443  
444  
445  
446  
447  
448  
449  
450  
451  
452  
453  
454  
455  
456  
457  
458  
459  
460  
461  
462  
463  
464  
465  
466  
467  
468  
469  
470  
471  
472  
473  
474  
475  
476  
477  
478  
479  
480  
481  
482  
483  
484  
485  
486  
487  
488  
489  
490  
491  
492  
493  
494  
495  
496  
497  
498  
499  
500  
501  
502  
503  
504  
505  
506  
507  
508  
509  
510  
511  
512  
513  
514  
515  
516  
517  
518  
519  
520  
521  
522  
523  
524  
525  
526  
527  
528  
529  
530  
531  
532  
533  
534  
535  
536  
537  
538  
539  
540  
541  
542  
543  
544  
545  
546  
547  
548  
549  
550  
551  
552  
553  
554  
555  
556  
557  
558  
559  
560  
561  
562  
563  
564  
565  
566  
567  
568  
569  
570  
571  
572  
573  
574  
575  
576  
577  
578  
579  
580  
581  
582  
583  
584  
585  
586  
587  
588  
589  
590  
591  
592  
593  
594  
595  
596  
597  
598  
599  
600  
601  
602  
603  
604  
605  
606  
607  
608  
609  
610  
611  
612  
613  
614  
615  
616  
617  
618  
619  
620  
621  
622  
623  
624  
625  
626  
627  
628  
629  
630  
631  
632  
633  
634  
635  
636  
637  
638  
639  
640  
641  
642  
643  
644  
645  
646  
647  
648  
649  
650  
651  
652  
653  
654  
655  
656  
657  
658  
659  
660  
661  
662  
663  
664  
665  
666  
667  
668  
669  
670  
671  
672  
673  
674  
675  
676  
677  
678  
679  
680  
681  
682  
683  
684  
685  
686  
687  
688  
689  
690  
691  
692  
693  
694  
695  
696  
697  
698  
699  
700  
701  
702  
703  
704  
705  
706  
707  
708  
709  
710  
711  
712  
713  
714  
715  
716  
717  
718  
719  
720  
721  
722  
723  
724  
725  
726  
727  
728  
729  
730  
731  
732  
733  
734  
735  
736  
737  
738  
739  
740  
741  
742  
743  
744  
745  
746  
747  
748  
749  
750  
751  
752  
753  
754  
755  
756  
757  
758  
759  
760  
761  
762  
763  
764  
765  
766  
767  
768  
769  
770  
771  
772  
773  
774  
775  
776  
777  
778  
779  
780  
781  
782  
783  
784  
785  
786  
787  
788  
789  
790  
791  
792  
793  
794  
795  
796  
797  
798  
799  
800  
801  
802  
803  
804  
805  
806  
807  
808  
809  
810  
811  
812  
813  
814  
815  
816  
817  
818  
819  
820  
821  
822  
823  
824  
825  
826  
827  
828  
829  
830  
831  
832  
833  
834  
835  
836  
837  
838  
839  
840  
841  
842  
843  
844  
845  
846  
847  
848  
849  
850  
851  
852  
853

The obliteration of the cells of the cortex becomes more apparent when we compare the motor cortex, which is especially involved in paresis, with certain other regions that are relatively normal. Examined in this manner the destruction of cells in the motor cortex, as a result of paresis, becomes positive. Throughout the second cortical layer in the motor region we find the cells reduced to about one-half the number found in a comparatively normal section from the occipital region (Fig. 1). This condition is most marked in those portions of the motor cortex in which the gross lesion was most decided. The picture, however, does not end here. The individual cell elements remaining in the motor cortex are reduced in size and homogeneously stained, the nuclear outline being often obliterated, and the nucleolus often absent (Fig. 3). No cells in any condition approaching the normal are found. A very small rim of protoplasm is often seen clinging to a nucleus, which is deeply stained and very small. In some instances the protoplasm is extensively vacuolated; in no instance do we find any chromatin substance in granular form.

In the occipital region, on the contrary, while the cells are by no means normal a very different picture is presented (Fig. 2). The difference in the size of the cells is at once apparent, the cell-body being easily definable in almost every instance. The nucleus appears of normal size and appearance (Fig. 4) and the total number of cells is nearly double those found in the motor cortex. In Figs. 1 and 2 are presented the relative number of cells found in the second cortical layer of the motor and occipital regions. In Figs. 3 and 4 are presented some of the best preserved cells from each of these regions. The contrast is very striking.

#### THE NEUROGLIA.

The cells of the neuroglia show some very decided changes. The first layer of the cortex is unusually broad and we find occurring in groups small, darkly stained neuroglia nuclei, and nuclei much distorted and irregular. There is a great increase also in the fibres of the neuroglia, and these fibres often dip far down into the cortex. In the deeper layer of the cortex and the subcortical areas much the same condition exists. However, we find the evidences of proliferation not so decided, there being no small, deeply stained cells and no decided tendency for the cells to occur in groups. Many of these nuclei, however, are very irregular in outline and vary much in size, some being exceedingly

large and equivalent to two or three times the normal. Some are very irregular in outline. While abnormalities exist in both the first cortical layer and the subcortical areas the changes are most manifest in the neuroglia nuclei of the first layer. This is to be expected inasmuch as the chief lesion of the cortex is found in the second layer cells and the neuroglia proliferates because of the disappearance of the nerve cells of the second cortical layer.

#### THE VESSELS.

The usual vascular lesions, consisting of nuclear proliferation in the perivascular lymph spaces, were present. In many of the smaller vessels of the cortex this condition was very decided, the vessel presenting a mulberry-like appearance at a single point. In some instances, however, there seemed to be decided nuclear proliferation into the perivascular lymph spaces throughout considerable length of the smaller vessels.

---

This case presents—(1) Degenerative changes in all the nervous elements of the cortex. (2) Destruction and disappearance of large numbers of cells, especially those of the second cortical layer. (3) Proliferation of the neuroglia, especially of the first cortical layer. (4) Nuclear proliferation into the perivascular lymph spaces.

The lesion appears to be most pronounced in the motor region, the second cortical layer being especially involved.

---

---

## TREASURER'S REPORT.

---

---

57)



## Treasurer's Report.

*To the Managers of the New Jersey State Hospital at Morris Plains,  
New Jersey:*

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1898, to October 31st, 1899, inclusive:

### RECEIPTS.

Balance on hand November 1st, 1898.....	\$18,484 23
From State Treasurer for convict patients.....	\$15,000 00
From State Treasurer for county patients.....	50,000 00
From State Treasurer for State indigent patients.....	13,000 00
From sundry counties for maintenance of county patients.....	144,903 69
From private patients.....	55,166 77
From hides, tallow, &c.....	11,993 67
From First National Bank, Morristown, for interest...	65 86
From Reeves & Burr, being money advanced them from house funds for excavating for boiler-house..	3,570 00
From sale of old railroad iron from switch.....	2,212 09
	295,912 08
	\$314,346 31

### DISBURSEMENTS.

On orders of Warden.....	\$301,177 17
Balance in Treasurer's hands.....	13,169 14
	\$314,346 31

(Signed) G. C. HINCHMAN.

*Treasurer.*

The New Jersey State Hospital at Morris Plains, N. J., November 9th, 1899. We hereby certify that we have examined the Treasurer's accounts, and compared the same with his books and vouchers, and find them in accordance with the above statement and correctly stated and balanced.

(Signed)

GEORGE RICHARDS,

JOHN A. MCBRIDE,

D. ST. JOHN,

JOHN C. EISELE,

*Auditing Committee.*



## NEW JERSEY STATE HOSPITAL.

## RECAPITULATION.

*State Treasurer—Convict Patients.*

First quarter.....	\$3,762 86	
Second quarter.....	3,752 86	
Third quarter.....	3,714 29	
Fourth quarter.....	3,769 99	
	<hr/>	\$15,000 00

*State Treasurer—County Patients.*

First quarter.....	\$12,467 84	
Second quarter.....	12,594 43	
Third quarter.....	12,823 00.	
Fourth quarter.....	12,114 73	
	<hr/>	50,000 00

*State Treasurer—State Indigent Patients.*

Third quarter.....	\$7,584 79	
Fourth quarter.....	5,415 21	
	<hr/>	13,000 00

*County Collectors.*

First quarter.....	\$44,669 18	
Second quarter.....	23,900 02	
Third quarter.....	34,281 81	
Fourth quarter.....	42,052 68	
	<hr/>	144,903 69

*Private Patients.*

First quarter.....	\$15,219 94	
Second quarter.....	11,214 81	
Third quarter.....	16,845 55	
Fourth quarter.....	11,886 47	
	<hr/>	55,166 77

*Hides, Tallow, &c.*

First quarter.....	\$3,285 09	
Second quarter.....	1,914 99	
Third quarter.....	2,633 88	
Fourth quarter.....	4,159 71	
	<hr/>	11,993 67

*Interest.*

First quarter.....	\$20 62	
Second quarter.....	20 10	
Third quarter.....	10 45	
Fourth quarter.....	14 69	
	<hr/>	65 86

# NEW JERSEY STATE HOSPITAL.

61

From Reeves & Burr, being money advanced them from house funds for excavating for boiler-house.....	\$3,570 00
From sale of old railroad iron from switch.....	2,212 09
	<hr/>
	\$295,912 08

## *Orders Paid.*

First quarter.....	\$76,842 06	
Second quarter .....	71,899 25	
Third quarter.....	73,926 03	
Fourth quarter .....	78,509 83	
	<hr/>	\$301,177 17



---

---

## WARDEN'S REPORT.

---

---

(63)



# Warden's Report.

*To the Board of Managers of the New Jersey State Hospital at Morris Plains :*

GENTLEMEN—The annual report of my department for the year 1899, with the abstract of accounts and an itemized report of the products of the various departments, is herewith submitted.

The receipts and disbursements for the year have been as follows :

Balance on hand November 1st, 1898 .....	\$18,434 23	
Receipts from November 1st, 1898 to November 1st, 1899.....	295,912 08	
		\$314,346 31
Total disbursements from November 1st, 1898, to November 1st, 1899.....	301,177 17	
		\$13,169 14
Cash balance on hand November 1st, 1899.....		

The resources and liabilities at the close of the year are :

## RESOURCES.

Balance in hands of Treasurer.....	\$13,169 14	
Due from Bergen county, as per bill rendered.....	\$5,011 89	
"    Hudson    "    "    "    .....	662 07	
"    Morris    "    "    "    .....	5,714 99	
"    Passaic    "    "    "    .....	10,410 19	
"    Union    "    "    "    .....	9,954 62	
"    Warren    "    "    "    .....	3,633 88	
"    State Treasurer for county patients.....	5,797 50	
"    "    "    convict    "    .....	1,331 98	
"    "    "    State    "    .....	8,771 52	
"    private patients, as per bills rendered.....	6,186 11	
"    Sailors' Snug Harbor.....	4,961 45	
"    Petty Expense account .....	520 58	
"    clothing issued .....	3,474 02	
		\$79,599 74

## LIABILITIES.

Bills payable.....	\$13,576 04	
Pay-roll for month of October, 1899.....	8,127 23	
County patients paid beyond.....	1,090 57	
Private     "     "     ".....	5,583 85	
Amount of bills rendered counties not yet earned....	5,438 40	
Amount of bills rendered private patients not yet earned.....	1,774 81	
		<hr/>
		\$35,590 90
Balance above liabilities.....		<hr/>
		\$44,008 84

## APPRAISEMENT.

The annual appraisal of the personal property made this year amounted to \$174,582.46. Hon. Charles F. Hopkins, of Boonton, and Mr. Eugene S. Burke, of Morristown, acted as appraisers.

## RAILROADS.

The rails on part of the railroad belonging to the property had been used ever since the track was laid. These were iron rails and very much worn. The great advance in iron made these quite valuable. Taking advantage of this, bids were asked for them. The best price offered was \$18.35 per gross ton. This was thirty-five cents more per ton than we had to pay for good second-hand steel rails to take their place. Two thousand chestnut ties have been cut on the property and used in repairing the track. A new switch has been laid in the rear over the new coal-vaults. The track is now in such good repair that the cost to maintain it will be quite light.

## ROADS.

With the aid of the Township Committee of Morris township the road bounding the property on the southwest for a distance of about a mile has been graded and given a heavy coat of gravel. The gravel was taken from a cut that was made to grade the road. At this point a bed of sand was discovered. This was sold to the contractors who did the mason work on the new boiler-house and nearly paid for the labor spent by the State in improving the road.

## GRADING.

The grounds fronting the North Wing of the building have lain in a rough state, as they were left at the time the building was built, until this last year. The amount of filling to properly grade this part of the ground was so great, and the work so extensive, that before the excavation for the new boiler-house and tunnel were begun it was practicable to undertake the work with the hope of finishing it. The excavation for the new boiler-house and tunnel furnished sufficient material to grade this part of the ground. Ten thousand five hundred cubic yards of earth was taken from the new boiler-house and about two thirds as much from the tunnel. Part of the ground has been seeded. Drainage and gas-pipes have been laid and three street-lamps placed along the road leading around the north side. Trees have been planted and the road widened and improved.

## RESERVOIRS.

During the past year much attention has been paid to cleaning and improving the reservoirs. The use of the new reservoir gave the opportunity of draining the upper reservoir in the garden; this had never been cleaned. While it was mainly supplied by spring water, nevertheless an accumulation of five or six inches of silt gathered in the bottom. By attaching a hose to the supply-pipe coming from the new reservoir, the bottom was thoroughly flushed out and the reservoir put in fine condition. The filter in the filter-house was also cleaned at this time.

The lower reservoir in the garden is supplied by a small stream, in addition to the springs that feed it. The water of the stream had carried a great deal of mud down. The reservoir was drained in the early summer and the mud carted away. A part of the reservoir was very shallow, and during the hot weather the water often became unfit for use. This part was deepened. In order to obviate the necessity and expense of again cleaning the reservoir in a few years, a retaining wall was built along one side, and a channel made to by-pass the stream, thus keeping the mud from entering the reservoir. Sand filters were made along the by-pass, through which all the water entering the reservoir is filtered. Its capacity was increased so that it now holds 4,500,000 gallons. Connections have been made so that water from this reservoir can be used for the boiler-house and hot-



water system, while the cold water for the Hospital is drawn from the upper reservoir in the garden.

We believe it no less important to have the ice-pond supplied with pure water than it is to have the water used for drinking purposes uncontaminated. With this in view, the ice-pond was drained in the early part of the season and, after the mud had dried so that it was in condition to handle, the pond was cleaned out. This pond had received but little attention at the time it was built, even the old stumps were not removed. Five thousand cart-loads of muck were taken from the bottom. This was treated with lime and will be found valuable as a fertilizer when the work of grading about the buildings is carried on.

Almost ever since the opening of the house it has been necessary to pump from the stream on the north which supplies the ice-pond. At times the flow of water is not sufficient to supply the pump, but in order that none should be wasted it is necessary to keep the pump going at all times. That there should be a good supply of water against any emergency and enough to run the pump to its full capacity at such times when it is necessary to be used, it has been thought best to enlarge the ice-pond and use it as a reservoir. This work is now under way. A battered wall is being built around the entire pond and the banks raised and strengthened so that an average depth of eleven feet of water is obtained. The bottom is a tight clay. At the head of the pond sand-filters will be built through which all the water entering will be filtered. These, while not expensive, are, nevertheless, perhaps the most satisfactory means of purifying the water when the supply is taken from a running stream. In many tests made by these filters, a removal of 97 to 98 per cent. of bacteria is effected. When this reservoir is finished it will have a capacity of 8,000,000 gallons. It will also be a guard against a water famine in any possible contingency which may arise and will permit the draining of any one of the reservoirs, as the water can be pumped from this point into either of the buildings.

This work is being done out of the house funds and at a very small cost compared with the results obtained.

#### PAINTING.

The usual painting repairs necessary about the house have been done. In addition to these the entire exterior of the house is being given one coat, and a part of it two coats, of paint.

## FARM AND GARDEN.

The products of the farm and garden have been very satisfactory for the past year. The appendix to the Warden's Report shows the products of these two departments have amounted to \$37,705.09 in value. The amount chargeable against them is practically covered in the disbursements by the items of

Dairy .....	\$7,196 94	
Garden.....	4,702 31	
Farm .....	10,455 74	
		<hr/> \$22,354 99

In the item of farm is included the expense of keeping the horses. A great deal of their labor is used in grading and in other improvements about the property. Deducting the products of farm and garden, the items of hay, \$2,025.00; shredded corn stalks, \$600.00; corn, \$900.00; cow horn turnips, \$600.00; pasture, \$884.00; total, \$5,009.00 (these supplies are used to maintain the Farm and Dairy), there remains \$32,696.09, which shows a balance over the expenditures of \$10,341.10.

## COMMITMENT LAW OF 1898.

Certain defects in the Commitment Law passed by the Legislature of 1897-1898 should be remedied. No provision is made for the payment of the board of State indigent patients, from the date of their admission to the institution until the date of the order of commitment by the judge. This, in some cases, is from three to four weeks later.

In some instances where the patient has been committed as State a indigent patient, the judge has inserted that they are to be supported at the expense of their estate, or some similar clause. The Hospital should not have to see to the appointing of a guardian in order to collect the bills. Such matters should be otherwise looked after, and the liability should be fixed before the patient is admitted.

## REQUIREMENTS.

The following is an approximate estimate of the amounts of money required from the State for the subjects herein mentioned for the fiscal year ending October 31st, 1900 :

## NEW JERSEY STATE HOSPITAL.

For the annual appraisement.....	\$75 00
For the salaries of resident officers .....	12,600 00
For the maintenance of county patients.....	53,000 00
For the support and clothing of insane convicts.....	16,000 00
For the support and clothing of State indigent patients.....	20,000 00

Respectfully submitted,

M. K. EVERITT,

*Warden.*

New Jersey State Hospital at Morris Plains, October 31st, 1899.

# Abstract of Accounts.

For the Fiscal Year Ending October 31st, 1899.

G. C. HINCHMAN, *Treasurer.*

DR.

To balance October 31st, 1898, . . . . .	\$18,434 23
To amount received for board, clothing and incidental expenses of private patients, . . . . .	55,166 77
To amount received for board, clothing and incidental expenses of county patients, . . . . .	144,903 69
To amount received from State Treasurer for county patients, . .	50,000 00
To amount received from State Treasurer for convict patients, . .	15,000 00
To amount received from State Treasurer for State indigent patients, . . . . .	13,000 00
To amount received for hides, tallow, &c., . . . . .	7,446 81
To amount received for sundries, rags, &c., . . . . .	1,456 06
To amount received for hogs and pigs, . . . . .	3,081 80
To amount received for rents, . . . . .	9 00
To amount received for interest, . . . . .	65 86
To amount received from Reeves & Burr, being money advanced them from house funds for excavating for boiler-house, . . .	3,570 00
To amount received from sale of old railroad iron from switch, .	2,212 09
	<hr/>
	\$314,346 31

CR.

Amusements, . . . . .	\$1,097 87
Additional salary of Pathologist, . . . . .	33 33
Boiler-house excavation, . . . . .	3,570 00
Books and stationery, . . . . .	1,311 89
Bedding, linen, &c., . . . . .	10,183 22
Clerical services, . . . . .	339 00
Clothing, . . . . .	10,020 90
Crockery and cutlery, . . . . .	846 46
Dairy, includes stock, feed and labor, . . . . .	7,196 94
Ditching and improvements to farm lands, . . . . .	302 57
Engineer's services, new tunnel and reservoir, . . . . .	295 00
Farm, labor, stock, fertilizers, . . . . .	10,455 74
Flour, . . . . .	6,823 25
Fire apparatus, . . . . .	140 00
Fencing, . . . . .	128 05
Fruit, . . . . .	2,180 88

Freight and train service, . . . . .	\$5,322 38
Furniture, . . . . .	4,098 30
Fuel, . . . . .	12,766 17
Funeral expenses, . . . . .	920 00
Greenhouse, labor, seeds and plants, . . . . .	1,055 71
Grading, cleaning and enlarging reservoirs, . . . . .	5,338 04
Garden, labor, seeds and fertilizers, . . . . .	4,702 31
Grounds, . . . . .	671 78
Hay and straw, . . . . .	38 09
Harness, wagons, etc., . . . . .	798 85
Household goods, . . . . .	2,966 93
Improvement of buildings, . . . . .	2,580 11
Insurance, . . . . .	300 00
Incidentals, . . . . .	4,532 84
Ice, . . . . .	75 00
Laundry machinery, . . . . .	342 35
Laundry, wages and supplies, . . . . .	6,265 92
Light, . . . . .	8,295 11
Medical supplies, . . . . .	4,064 78
Medical library, . . . . .	114 25
Newspapers, . . . . .	108 35
Provisions and groceries, . . . . .	99,979 26
Postage, . . . . .	578 30
Petty current expenses, . . . . .	500 00
Pathological, . . . . .	45 92
Printing pamphlets and expenses connected with new Commit- ment law, . . . . .	35 40
Refunding, . . . . .	2,032 57
Repairs, . . . . .	16,687 76
Smith and wheelwright, . . . . .	1,254 58
Steel rails for switch, . . . . .	1,949 30
Tinware and fixtures, . . . . .	1,086 21
Tools and supplies, boiler-house and machine shop, . . . . .	653 36
Telegrams, telephone rental, &c., . . . . .	943 39
Vegetables, . . . . .	1,696 18
Wages, . . . . .	52,958 18
Water-main changes at new boiler-house, . . . . .	474 36
	<hr/>
	\$301,177 17
Balance in hands of Treasurer October 31st, 1899, . . . . .	\$13,169 14





DAIRY BARN.

# Appendix to Warden's Report.

## Farm and Garden Products.

### DAIRY AND FARM.

260,740	Quarts milk (average number of cows milked, 63; average per cow, 11.33 quarts per day), . . . . @	\$0 04	\$10,429 60
153	Dozen eggs, . . . . .	20	30 60
185	Tons of hay, . . . . .	15 00	2,025 00
60	Tons of shredded cornstalks, . . . . .	10 00	600 00
18	Tons of rye straw, . . . . .	15 00	270 00
20	Tons of wheat straw, . . . . .	10 00	200 00
300	Bushels wheat, . . . . .	80	240 00
150	Bushels rye, . . . . .	60	90 00
2,250	Bushels corn, . . . . .	40	900 00
2,000	Bushels cow horn turnips, . . . . .	30	600 00
510	Bushels winter apples, . . . . .	50	255 00
120	Bushels windfall apples, . . . . .	30	36 00
530	Bushels cider apples, . . . . .	10	53 00
12	Bushels crab apples, . . . . .	75	9 00
26	Weeks' pasture for 68 head of cattle, . . . . .	50	884 00
			<hr/>
			\$16,622 20

### STOCK.

4,608	Pounds of veal (31 calves), . . . . . @	\$0 10	\$460 80
160	Chickens, . . . . .	50	80 00
51	Cows slaughtered, dressed 33,078 pounds, . . . .	08	2,646 24
	Amount received for hogs sold, . . . . .		3,081 80
			<hr/>
			\$22,891 04

### GARDEN.

3575	Bushels tomatoes, . . . . . @	\$0 75	\$1,787 50
750	Bushels carrots, . . . . .	40	300 00
600	Bushels parsnips, . . . . .	40	240 00
900	Bushels beets, . . . . .	35	315 00
2500	Bushels mangel wurzel, . . . . .	30	750 00
300	Bushels rutabaga turnips, . . . . .	30	90 00
300	Bushels purple-top turnips, . . . . .	30	90 00
200	Bushels yellowstone turnips, . . . . .	30	60 00
4555	Bushels potatoes, . . . . .	60	2,733 00
200	Bushels onions, . . . . .	60	120 00
200	Bushels apples, . . . . .	50	100 00



400	Bushels spinach, . . . . .	@ \$0 40	\$160 00
800	Bushels kale, . . . . .	30	240 00
550	Bushels bush beans, . . . . .	50	275 00
190	Bushels lima beans, . . . . .	75	142 50
200	Bushels pear, . . . . .	80	160 00
75	Bushels cucumbers, . . . . .	50	37 50
5	Bushels cucumber pickles, . . . . .	1 25	6 25
50	Bushels horseradish, . . . . .	1 00	50 00
5	Bushels oyster plants, . . . . .	50	2 50
200	Bushels grapes, . . . . .	1 00	200 00
300	Bushels bush squash, . . . . .	40	120 00
55,000	Heads celery, . . . . .	2½	1,237 50
25,000	Heads cabbage, . . . . .	3½	875 00
25,000	Heads lettuce, . . . . .	1	250 00
250	Heads cauliflower, . . . . .	5	12 50
35,000	Bunches onions, . . . . .	1½	437 50
40,000	Bunches radishes, . . . . .	1½	600 00
1,500	Bunches carrots (for soup), . . . . .	2	30 00
15,000	Bunches asparagus, . . . . .	8	1,200 00
15,000	Bunches rhubarb, . . . . .	3½	525 00
2,000	Bunches parsley, . . . . .	3	60 00
2,000	Bunches leeks, . . . . .	3	60 00
1,200	Bunches celery (for soup), . . . . .	2	24 00
200	Bunches sage, . . . . .	5	10 00
150	Bunches thyme, . . . . .	5	7 50
200	Bunches savory, . . . . .	5	10 00
50	Bunches tarragon, . . . . .	10	5 00
50	Bunches chive, . . . . .	10	5 00
15	Baskets pears (Seckel), . . . . .	75	11 25
20	Baskets pears (Keifer), . . . . .	75	15 00
1,500	Muskmelons, . . . . .	3½	52 50
40,000	Ears sweet corn, . . . . .	1	400 00
2,160	Bundles cornstalks, . . . . .	3	64 80
2,500	Peppers, . . . . .	½	6 25
100	Pumpkins, cheese, . . . . .	05	5 00
4,000	Quarts strawberries, . . . . .	10	400 00
1,000	Quarts blackberries, . . . . .	10	100 00
2,000	Quarts raspberries, . . . . .	10	200 00
1,500	Quarts cherries, . . . . .	10	150 00
250	Quarts currants, . . . . .	10	25 00
3,500	Egg plants, . . . . .	04	140 00
800	Quincee, . . . . .	02	16 00
Total, . . . . .			\$14,814 05

## Account of Fruit and Vegetables Canned.

Tomatoes, gallons, . . . . .	3,484
Apples, gallons, . . . . .	250
Other fruits, gallons, . . . . .	100





GREEN HOUSE.

## Cut Flowers and Plants Furnished.

## CUT FLOWERS.

Roses, . . . . .	29,500
Carnations, . . . . .	15,500
Chrysanthemums, . . . . .	2,150
Violets, . . . . .	10,000
Sweet Peas, . . . . .	3,250
Mignonette, . . . . .	2,000
Asters, . . . . .	2,250
Scabiosa, . . . . .	1,500
Rudbeckia, . . . . .	500
Peonies, . . . . .	250
Iris, . . . . .	600
Freesia, . . . . .	500
Tulips, . . . . .	500
Roman hyacinths, . . . . .	500
Sprays of Bougainville, . . . . .	75
Delphinium, . . . . .	200
Tuberose, . . . . .	200
Gladiolus, . . . . .	500
Bunches of phlox, . . . . .	200
Daffodils, . . . . .	300
Easter lilies, . . . . .	75
Calla lilies, . . . . .	200
Bunches of cosmos, . . . . .	200
Strings of asparagus, . . . . .	236
Strings of smilax, . . . . .	100
Dahlias, . . . . .	150

## Decorative and Blooming Plants in Pots.

Cineraria, . . . . .	150
Easter lilies, . . . . .	75
Calla lilies, . . . . .	100
Genista, . . . . .	50
Dutch hyacinths, . . . . .	250
Fancy caladiums, . . . . .	50
Orotons, . . . . .	350
Chrysanthemums, . . . . .	650
Daffodils, . . . . .	250
Fancy begonias, . . . . .	200
Hydrangea, . . . . .	50
Glloxinia, . . . . .	100

## Plants and Bulbs Grown for Flower Beds.

Geraniums, . . . . .	3,000
Coleus, . . . . .	2,500
Salvia splendens, . . . . .	500

Canna indica, . . . . .	1,200
Caladiums, . . . . .	200
Single Petunia, . . . . .	600
Ageratum, . . . . .	600
Celosia, . . . . .	75
Violet plants, . . . . .	900
Rose plants for forcing, . . . . .	1,200
Carnation plants, . . . . .	1,100
Pansy plants, . . . . .	2,000
Daisy plants, . . . . .	1,500
Forget-me-nots, . . . . .	500
Begonia vernon, . . . . .	300
Cineraria maritima, . . . . .	500
Nierenbergia, . . . . .	200
Echeveria, . . . . .	400
Althernanthera, . . . . .	200

## Report of Work Done in Sewing-Room.

Sheets, . . . . .	3,018
Sheets, double, . . . . .	52
Pillow cases, . . . . .	2,174
Bolster cases, . . . . .	12
Hand towels, . . . . .	3,200
Roller towels, . . . . .	656
Dish towels, . . . . .	1,305
Table cloths, hemmed, . . . . .	157
Napkins, hemmed, . . . . .	463
Blankets, hemmed, . . . . .	472
Kitchen aprons, . . . . .	522
Steward's aprons, . . . . .	30
Chef's aprons, . . . . .	12
Laboratory Aprons, . . . . .	18
Curtains, . . . . .	282
Curtain bands, . . . . .	282
Burial robes, . . . . .	43
Burial sheets, . . . . .	43
Burial chemise, . . . . .	43
Burial petticoats, . . . . .	43
Chemise, . . . . .	845
Drawers, . . . . .	473
Underwaists, . . . . .	14
Night dresses, . . . . .	34
Drop sheet, . . . . .	1
Petticoats, . . . . .	731
Dresses, . . . . .	990
Dresses, baby, . . . . .	14
Dresses, nurses, . . . . .	49
Dress skirts, . . . . .	1

## NEW JERSEY STATE HOSPITAL.

77

Dress waists, . . . . .	10
Dresses altered, . . . . .	11
Coat altered, . . . . .	1
Wrappers, . . . . .	22
Aprons, nurses, . . . . .	50
Straps, nurse, . . . . .	50
Total, . . . . .	16,123

## Return of Work Done in Mattress-Room and Shoe-Shop.

Single hair mattresses made, new, . . . . .	917
Double hair mattresses made, new, . . . . .	15
Single hair mattresses made over, . . . . .	1,257
Double hair mattresses made over, . . . . .	28
Single hair mattress ticks made, new, . . . . .	988
Double hair mattress ticks made, new, . . . . .	14
Hair pillows made, new, . . . . .	915
Hair pillows made over, . . . . .	2,008
Feather pillows made, new, . . . . .	197
Sofa pillows made, new, . . . . .	15
Pillow ticks made, new, . . . . .	1,105
Mattress ticks repaired, . . . . .	340
Pieces of furniture upholstered, . . . . .	89
Large hall carpets made, new, . . . . .	4
Large hall carpets made over, . . . . .	3
Alcove carpets made, new, . . . . .	7
Alcove carpets made over, . . . . .	6
Connecting hall carpets made, new, . . . . .	3
Connecting hall carpets made over, . . . . .	4
Parlor carpets made, new, . . . . .	7
Parlor carpets made over, . . . . .	2
Room carpets made, new, . . . . .	327
Room carpets made over, . . . . .	230
Carpets taken up, . . . . .	917
Carpets laid, . . . . .	927
Carpets repaired, . . . . .	208
Carpets hemmed, yards, . . . . .	727
Carpets bound, yards, . . . . .	219
Rooms laid with rush matting, . . . . .	2
Rooms laid with linoleum, . . . . .	7
Chairs caned, . . . . .	172
Settees caned, . . . . .	6
Window-shades repaired, . . . . .	327
Holland shades made, new, . . . . .	388
Long window-curtains made, new, . . . . .	6
Long window-curtains hung, pairs, . . . . .	28
Ottomans made, new, . . . . .	46
Carpet door-mats made, new, . . . . .	27

Pairs of holders made for bakery and gas-house, . . . . .	178
Pieces of harness repaired, . . . . .	112
Pieces of harness made, new, . . . . .	45
Bed-protectors made, new, . . . . .	728
Bed-protectors repaired, . . . . .	432
Horse-blankets repaired, . . . . .	41
Sets of mangle-aprons made, new, . . . . .	15
Sets of mangle aprons repaired, . . . . .	6
Chair cushions made, new, . . . . .	15
Awnings put up, . . . . .	27
Awnings taken down, . . . . .	27
American flags made, new (size, 8 x 14), . . . . .	2
Pairs of boots, shoes and slippers repaired, . . . . .	873
Total, . . . . .	<u>14,983</u>

## Return of Work Done in Tin Shop.

Butter boxes, . . . . .	112
Scoops, . . . . .	14
Tin pails, . . . . .	82
Biscuit pans, . . . . .	12
Numbered tags for carts, . . . . .	1,125
Coffee kettles, . . . . .	60
Wire rings, . . . . .	14
Drinking cups, . . . . .	204
Diet cups, . . . . .	212
Bread pans, . . . . .	306
Coffee and tea pots, . . . . .	7
Sauce pans, . . . . .	6
Small flats, . . . . .	100
Laundry stove guards, . . . . .	12
Rice pans, . . . . .	102
Scrap pans, . . . . .	25
Diet-cup covers, . . . . .	100
Wash basins, . . . . .	56
Fruit cans, . . . . .	500
Fruit can tops, . . . . .	950
Other pieces as needed, . . . . .	185
Pieces of tinware repaired, . . . . .	1,008
Locks repaired, . . . . .	419
Knives sharpened, . . . . .	152
Scissors sharpened, . . . . .	103
Tin roofing laid, sq. ft., . . . . .	680
Gutter, lineal feet, . . . . .	28
Leader, lineal feet, . . . . .	35
Also repairs to ice boxes, refrigerators, milk boxes, tin roofs, slate roofs, gutters, leaders, waiter bells, speaking tubes, clocks, etc., etc., . . . . .	
Total number of pieces, . . . . .	<u>6,609</u>

## Extracts from the By-Laws.

### ADMISSION OF PATIENTS.

1. When a patient is sent to the Hospital he must be accompanied by a full set of commitment papers, properly made out and legally executed, which papers must be delivered to the medical officer of the institution, whose duty it will be to examine them carefully, and upon finding them correct and in accordance with the law, he will admit the patient.

### CLEANLINESS.

2. Each patient, before admission, shall be made perfectly clean, and be free from vermin or any contagious or infectious disease.

### CLOTHING FOR MEN.

3. Each male patient shall be provided with at least two shirts, a new and substantial coat, vest and pantaloons of strong woollen cloth, two pairs of socks, a black cravat, a good hat or cap, and a pair of new shoes or boots, together with a comfortable outside garment.

### CLOTHING FOR WOMEN.

4. Each female patient, in addition to the same quantity of undergarments, shoes and stockings, shall have a flannel petticoat, two good dresses, also a cloak or other outside garment. In case the patient is so much excited as not to admit of being thus clothed, other clothing that can be kept on, that is comfortable and in sufficient quantity, with a change thereof, may be substituted.

It is very desirable that extra and better apparel should be sent with those accustomed to it, that when they become better, and when they attend religious worship, walk or drive out, their self-respect may be preserved.



In all cases the patient's best clothing should be sent; it will be carefully preserved, and only used when deemed necessary for the purposes above mentioned.

#### JEWELRY, ETC.

5. Jewelry and all superfluous articles of dress, knives, &c., should be left at home, as they are liable to be lost.

#### HISTORY OF CASE.

6. A written history of the case should be sent with the patient, and, if possible, some one acquainted with him should accompany him to the Hospital, from whom minute and essential particulars may be learned.

#### REMOVAL BOND, ETC.

7. In order to remove from the Hospital an indigent patient not restored to soundness of mind, a bond for two hundred and fifty dollars (\$250) with satisfactory sureties must be given. This is done in order to properly place the responsibility of such removal, and provide for the safe custody and maintenance of the patient. Such bond must be approved by a member of the Board of Managers before the removal of the patient.

Blank bonds will be furnished by the Medical Director upon application. (See form appended.)

# Requirements for Admission of Patients to the State Hospitals of New Jersey.

## PRIVATE PATIENTS.

The admission of a private or pay-patient requires the certificates of two physicians who have been in practice for five years; their signatures must be sworn to before a notary public or other proper officer of the law; one written request for admission, signed by a near relative or the guardian of the patient, which need not be sworn to; a bond signed by two responsible property-owners, one of which (preferably both) must be a resident of, and own property in, the State of New Jersey. It is not necessary that the bond be sworn to. (See forms appended.)

Thirteen (13) weeks' board and medical attendance must be paid for at the time of the admission of the patient, and quarterly, in advance, thereafter. These requirements must be met before the patient can be admitted.

The rates range from five dollars (\$5) to fifty dollars (\$50) per week, which includes medical attendance, board, room and washing. No private patients are admitted for less than five dollars (\$5) per week. No patient not a resident of New Jersey will be admitted for less than ten dollars (\$10) per week.

All the necessary blanks for the admission of private patients will be promptly forwarded upon application to the Medical Director.

When practicable, a visit to the institution and a personal interview with its officers previous to completing arrangements is advised.

## INDIGENT PATIENTS.

For the admission of indigent patients a request, and the certificates of two physicians are required as in the admission of private patients, differing in that the indigent papers have the word "*indigent*" in them, showing that the person whose admission is requested is be-

lieved to be without means of support and unable to pay for his maintenance in the Hospital.

The law of 1898 requires the certificates of two physicians to the insanity of the patient before his admission can be secured into any Hospital of New Jersey, and these certificates, to be valid, shall bear date no more than ten days prior to the commitment of the person named therein. If more than ten days elapse between the making of the certificates and the taking of the patient to the Hospital, the certificates become invalid, and new ones must be made out in order to secure the patient's commitment.

The original commitment papers, or certified copies of them, must be promptly forwarded to a judge of the court, who, after reviewing the case, makes out an order of approval, if the evidence of insanity be clear and sufficient. This makes the commitment complete.

No visiting is allowed on Sundays. Visiting is limited to Mondays, Wednesdays, Fridays and legal holidays, from 10 a. m. to 4 p. m.

The above requirements are regulated by statute and the action of the Board of Managers and cannot be changed by resident officers.

Communications and inquiries relative to patients should be addressed to the Medical Director, who will give them prompt attention.

The forms of requests, certificates, bonds, &c., are appended. The Medical Director will supply all necessary blank commitment papers in response to application for them.

The person writing for papers should always mention whether the patient to be committed is in indigent circumstances or able to pay for his maintenance, and also state the sex.

## FORMS.

### Request for Private Patient's Commitment to State Hospital for the Insane.

*To the Medical Director of the New Jersey State Hospital at Morris Plains :*

The undersigned, of....., in the county of....., and State of  
....., being desirous of having....., an insane person  
of the county of....., and State of....., committed to and confined as a patient in the New Jersey State Hospital at Morris Plains, hereby requests the admission therein of the said....., for the  
purpose aforesaid. Said..... was born at ..... on  
....., resided at....., and is a.....  
Date of birth. State patient's residence with particularity. Profession, trade  
or calling of patient. The undersigned is a.....  
..... of the said.....  
of connection between patient } Full name of patient.  
and person making request. }

Dated,.....19.....

Name of person making request, .....  
P. O. address, .....  
Street and number, .....  
City, .....  
County, .....  
State, .....

### Certificate of Insanity of Patient by Physician Resident of New Jersey.

I,....., of....., in the county of....., and State of New Jersey, do hereby certify that I am a graduate of....., and permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have

made a personal examination of....., alleged to be insane, and whose admission into the New Jersey State Hospital at Morris Plains, has been requested by..... of ....., in said State, and I am of the opinion that the said..... is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said.....

1. Patient resides at....., county of.....; age,.....years; nativity, (if foreign, how long in U. S.).....; sex,.....; color, .....; occupation,.....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father,.....; of mother,.....

3. Number of previous attacks,.....; present attack began ..... 19..... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*)

.....  
4. Was the present attack gradual or rapid in its onset?

.....  
5. What is the patient's general physical condition?

.....  
(*If afflicted with any infirmity or disease other than insanity, state it.*)

.....  
6. Is the patient cleanly or uncleanly in personal habits?

.....  
7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened it should be so stated.*)

.....  
8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

.....  
9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate :

.....  
The following are the facts as to the insanity of the said....., upon which my opinion is founded :

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*) :

.....  
(2) The patient (*state what the patient did in presence of the physician, and also describe his or her appearance and manner*) :

.....  
(3) Other facts perceived by me indicating insanity :

.....  
(4) Facts indicating insanity communicated to me by others :  
(*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)  
.....

....., *Physician.*

#### AFFIDAVIT.

State of New Jersey, county of....., ss.—....., being duly sworn according to law, on his oath says that he is the physician named in and who made and subscribed the foregoing certificate ; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

.....M.D.

Sworn to and subscribed before me this.....day of ....., 19 ..

.....

#### Certificate of Insanity of Patient by Physician Resident of New Jersey.

I, ....., of ....., in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ..... and permanent resident of the State of New Jersey, and have been

in actual practice as a physician for at least five years last past ; that I have made a personal examination of ....., alleged to be insane, and whose admission into the New Jersey State Hospital at Morris Plains has been requested by ..... of ..... in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to, and confined in, said Hospital ; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of, the said .....

1. Patient resides at ..... , county of ..... ; age ..... years ; nativity (if foreign, how long in U. S.), ..... ; sex, ..... ; color, ..... ; occupation, ..... ; single, married, widow, divorced. (*Strike out words not required.*)

2. Birthplace of father, ..... ; of mother, .....

3. Number of previous attacks, ..... ; present attack began ..... , 19 . (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) .....

4. Was the present attack gradual or rapid in its onset ?

5. What is the patient's general physical condition ?

(*If afflicted with any infirmity or disease other than insanity, state it.*)

6. Is the patient cleanly or uncleanly in personal habits ?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal ? (*If either homicide or suicide has been attempted or threatened it should be so stated.*)

8. What is the supposed cause of the insanity ? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

.....

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

.....

The following are the facts as to the insanity of the said ....., upon which my opinion is founded:

(1.) The patient said (*state what the patient said, if anything, in the presence of the physician*):

.....

(2.) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):

.....

(3.) Other facts perceived by me indicating insanity:

.....

(4.) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

.....

....., Physician.

#### AFFIDAVIT.

State of New Jersey, county of ....., ss.: ....., being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

.....M.D.

Sworn to and subscribed before me this ..... day of ....., 19.....

.....



**Request for Indigent Patient's Commitment to State Hospital for the Insane.**

*To the Medical Director of the New Jersey State Hospital at Morris Plains :*

The undersigned, of....., in the county of..... and State  
City or town.  
 of....., being desirous of having....., an insane person  
Full name of patient.  
 of the county of....., and State of....., committed to, and confined as an indigent patient in, the New Jersey State Hospital at Morris Plains, hereby requests the admission therein of the said ..... for the purpose aforesaid. Said ..... was  
Full name of patient. Full name of patient.  
 born at....., on....., resides at.....,  
City or town. Date of birth. State patient's residence with particularity.  
 and is a..... The undersigned is a  
Profession, trade or calling of patient.  
 .....of the said.....  
State degree of relation or other circumstance of connection between patient and person making request. Full name of patient.  
 Dated ..... .., 19.....

Name of person making request, .....

P. O. address, .....  
 Street and number, .....  
 City, .....  
 County, .....  
 State, .....

**Certificate of Insanity of Patient by Physician Resident of New Jersey.**

I, ....., of ....., in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ....., and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ....., alleged to be insane, and whose admission into the New Jersey State Hospital at Morris Plains has been requested by..... of ....., in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to, and confined in, said hospital; that I am not superintend-

ent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said.....

1. Patient resides at ....., county of ..... ; age, ..... years; nativity, (*if foreign, how long in U. S.*), ..... ; sex, ..... ; color, ..... ; occupation, ..... ; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, ..... ; of mother, .....

3. Number of previous attacks, ..... ; present attack began ..... 19..... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*)

4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

(*If afflicted with any infirmity or disease other than insanity, state it.*)

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened it should be so stated.*)

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said..... upon which my opinion is founded:

(1.) The patient said (*state what the patient said, if anything, in the presence of the physician*):

(2) The patient (*state what the patient did in presence of the physician, and also describe his or her appearance and manner*):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

....., Physician.

#### AFFIDAVIT.

State of New Jersey, county of.....ss.—....., being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

.....M.D.

Sworn to and subscribed before me this.....day of.....19....

.....

#### Certificate of Insanity of Patient by Physician Resident of New Jersey.

I,....., of....., in the county of....., and State of New Jersey, do hereby certify that I am a graduate of....., and permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of....., alleged to be insane, and whose admission into the New Jersey State Hospital at Morris Plains has been requested by....., of....., in said State, and I am of the opinion that the said.....is insane, and a proper person to be committed to, and confined in, said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or

financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said .....

1. Patient resides at....., county of.....; age .....years; nativity (if foreign, how long in U. S.).....; sex.....; color .....; occupation.....; single, married, widowed, divorced. (Strike out words not required.)

2. Birthplace of father.....; of mother.....

3. Number of previous attacks.....; present attack began..... 19..... (If the patient has ever been an inmate of an institution for the insane, state when and where.)

4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

(If afflicted with any infirmity or disease other than insanity, state it.)

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (If either homicide or suicide has been attempted or threatened it should be so stated.)

8. What is the supposed cause of the insanity? (State both predisposing and exciting causes, if known.)

9. Has the patient insane relatives? If so, state the degree of consanguinity and whether paternal or maternal. (State any hereditary taint of insanity that can be ascertained.)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said ....., upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):

.....

(2) The patient (*state what the patient did in presence of the physician, and also describe his or her appearance and manner*):

.....

(3) Other facts perceived by me indicating insanity:

.....

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*

.....

....., *Physician.*

#### AFFIDAVIT.

State of New Jersey, county of ....., ss.—....., being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents thereof and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

..... M. D.

Sworn to and subscribed before me this ..... day of ....., 199...

.....

---

#### Maintenance Bond.

#### MALE.

Whereas, ..... of ..... an insane person, has been admitted as a patient into the New Jersey State Hospital at Morris Plains, N. J.

Now Therefore, We, the undersigned, in consideration thereof, jointly and severally, bind ourselves to Guido C. Hinchman, Treasurer of said Hospital, to pay to him, and his successors in office, the sum of .....dollars .....cents per week, for the care and board of

said insane person, as long as he shall continue in said Hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention; and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the Warden of the Hospital; and to remove him from the Hospital whenever the room occupied by him shall be required for a class of patients having preference by law, or whenever he shall be required to be removed by the Managers or Warden; and also to pay all expenses incurred by the Managers or Warden in sending said patient to his friends in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and if he shall be removed, at the request of his friends, before the expiration of six calendar months after reception, then to pay board for twenty-six weeks, unless he shall be sooner cured, and also to pay, not exceeding fifty dollars, for all damages he may do to the furniture or other property of said Hospital, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made quarterly in advance from date of admission, and at the time of removal, with interest on each bill from and after the time it becomes due.

In Witness Whereof, We have hereunto set our names this..... day of....., in the year 19

(Name,)..... [L.S.]  
 (Residence,).....  
 (P. O. Address,).....  
 (Name,)..... [L.S.]  
 (Residence,).....  
 (P. O. Address,).....

Signed and Sealed }  
 in presence of }

---

#### Removal Bond.

Know all men by these presents, that ....., held and firmly bound unto the State of New Jersey in the penal sum of ..... dollars, lawful money of the United States, to be paid to the said the State of New Jersey, or its assigns; to which payment well and truly to be made, we do bind ourselves, jointly and severally, one

and each of our heirs, executors and administrators firmly by these presents. Sealed with our seals and dated this ..... day of ..... in the year of our Lord, one thousand nine hundred and .....

Whereas, ..... of the county of ....., hath heretofore been, and still is, confined in the New Jersey State Hospital at ....., and whereas said Hospital is now full, and the Medical Director hath certified to the Managers that said ..... is manifestly ..... and can probably be rendered comfortable at ....., and said Managers are willing to discharge said ..... and to deliver ..... to ..... relatives or friends, upon receiving satisfactory security for ..... peaceable behavior, safe custody and comfortable maintenance without further public charge.

Now, therefore, the condition of the above bond or obligation is such that if the said ..... or their heirs, executors or administrators, do and shall, from and after the date hereof, secure the peaceable behavior and safe custody of said ....., and provide for ..... a comfortable maintenance, so that ..... shall not be a charge on the public; then said bond or obligation to be void, otherwise to continue in full force and virtue.

..... [L. s.]

..... [L. s.]

Sealed and delivered in the presence of—







616,835  
N 5-3  
M 87  
UNIV. OF MICH.  
115

**TWENTY-FIFTH ANNUAL REPORT**

**OF THE**

**Managers and Officers**

**OF THE**

**New Jersey State Hospital**

**At Morris Plains**

**FOR THE YEAR ENDING OCTOBER 31st**

**1900**

---

**TRENTON, N. J.:  
MACCRELLISH & QUIGLEY, STATE PRINTERS.  
1900.**







MAIN BUILDING.

# TWENTY-FIFTH ANNUAL REPORT

OF THE

## Managers and Officers

OF THE

# New Jersey State Hospital

## At Morris Plains

FOR THE YEAR ENDING OCTOBER 31st

1900

---

TRENTON, N. J.:

MACCRELLISH & QUIGLEY, STATE PRINTERS.

1900.



## MANAGERS.

---

### PRESIDENT.

PATRICK FARRELLY, ..... MORRISTOWN.

### VICE-PRESIDENT.

JOHN C. EISELE, ..... NEWARK.

JAMES M. BUCKLEY, D.D., ..... MORRISTOWN.

ROMEO F. CHABERT, M.D., ..... HOBOKEN.

JOHN A. McBRIDE, ..... DECKERTOWN.

DAVID St. JOHN, M.D., ..... HACKENSACK.

JAMES W. SMITH, M.D., ..... PATERSON.

RICHARD A. McCURDY, .... MORRIS PLAINS.





## RESIDENT OFFICERS.

---

### MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D. .... MEDICAL DIRECTOR.  
ELIOT GORTON, M.D. .... ASSISTANT PHYSICIAN.  
THOMAS P. PROUT, M.D. .... SECOND ASST. PHYSICIAN AND PATHOLOGIST.  
PETER S. MALLON, M.D. .... THIRD ASSISTANT PHYSICIAN.  
ARTHUR S. CORWIN, M.D. .... FOURTH ASSISTANT PHYSICIAN.  
HARRY A. COSSITT, M.D. .... INTERNE.

### BUSINESS DEPARTMENT.

MOSES K. EVERITT, ..... WARDEN.  
GUIDO C. HINCHMAN, ..... TREASURER.



# Report of the Board of Managers.

---

*To His Excellency Foster M. Voorhees, Governor of New Jersey:*

The Board of Managers of the State Hospital at Morris Plains respectfully submits its report for the fiscal year ending October 31st, 1900, being the twenty-fifth annual report of the institution.

The active work of this Hospital began with the admission of 292 patients, who, in August, 1876, were removed from the State Hospital at Trenton, then known as the State Lunatic Asylum. A considerable proportion of these had been long insane before being transferred. Their subsequent history reflects light upon the problems which a hospital for the insane is compelled to solve. If it be asked why the population in hospitals for the insane is more numerous than in ordinary hospitals, it should be remembered that in general hospitals for the ill or injured, patients seldom remain, on an average, more than three weeks, during which time they are either found to be incurable and sent away, or recover; but in a hospital for the insane the majority of incurables remain so long as they live. After the lapse of twenty-five years 37 of the original 292 are still in this Hospital; 18 have recovered; 28 were discharged improved, 66 unimproved, and 149 died in this institution without regaining their reason.

We are informed by the Medical Director that the 37 now remaining show an average duration of hospital care and treatment of thirty years. Eighteen have been confined for 35 years, two for 39 years and one for 43 years. This speaks well for the hygienic treatment afforded by this Hospital as well as for the salubrity of its location, since, although these 37 are much enfeebled mentally, they are fairly well physically.

The total number of patients who have been admitted to this Hospital is 5,766, and of this number 2,229 have been restored or sufficiently improved to become again safe, often useful, and

sometimes highly important members of their respective communities.

In the report of the Medical Director will be found an interesting account of the gradual change which has taken place in public opinion with respect to institutions of this kind. This resume shows that ignorance and prejudice have been superseded by tolerance and enlightenment, and the improvement of methods for the care and treatment of the insane has advanced until a hospital for the insane is not only a hospital in the strictest interpretation of that term, but a home where those beyond the possibility of mental rehabilitation can be properly cared for, their needs supplied and their environment improved.

It will be observed that the population of the Hospital steadily increases. In 1896, 85 patients were transferred to the Hudson County Hospital. This caused the hospital population to diminish, but the very next year these removals were more than made up. The increase during the past year—with one exception, when the increase was two more—has been the largest in the history of the Hospital. The increase during the past year has been 30 per cent. greater than during the preceding year.

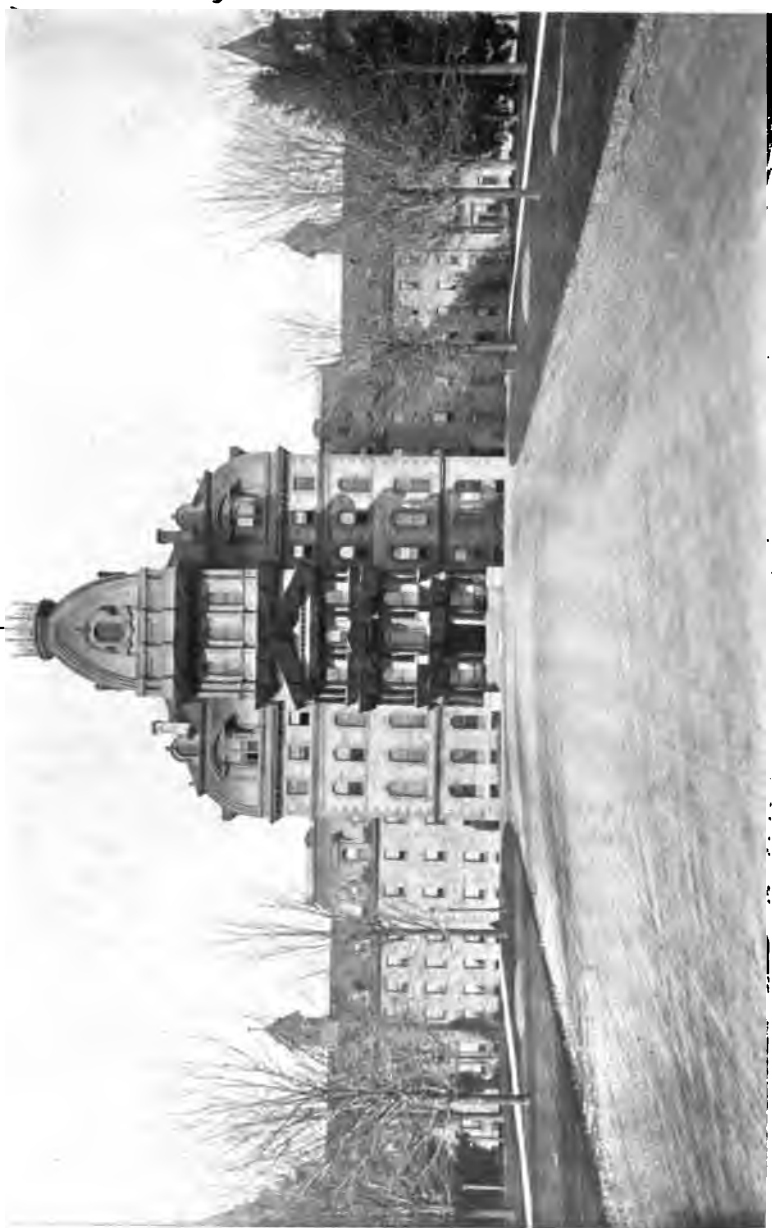
Of the 323 patients received during the hospital year just closed 272 were first admissions and only 51 were re-admissions. There were during the year 120 deaths. Of the 323 admitted 40 were ill of diseases of a fatal or dangerous character, such as cancer, diabetes, epilepsy, heart disease, Bright's disease, pulmonary consumption, and many of these died soon after reaching the Hospital. The number of deaths is but little larger than the average, and the large average of recoveries has been maintained.

*The Training School for Nurses* has entered upon its seventh year, and has fulfilled the most sanguine expectations of those who advocated its establishment.

A serious question, and one vital to the interests committed to our care, which we are obliged to urge upon the attention of Your Excellency and upon the Legislature, relates to the *Commitment Law of 1898*. This law is a marked improvement on that which it superseded in the following particulars: It makes it obligatory upon the certifying physician to make a careful examination of the patient; it outlines the character of such examination and pre-



127



CENTRE BUILDING.  
DRAGED IN MARCH 1901 FOR VICE PRESIDENT CASSIUS A. HENRY.

scribes the qualifications necessary for such physicians. To complete the commitment it requires the action of the court in all cases, whether private or indigent, and it declares all physicians' certificates null and void if the patient is not admitted to the hospital within ten days after they are made out and sworn to before an officer qualified to execute affidavits. In these respects the law has commanded the respect of all alienists in the country, but the experience of more than two years has revealed several defects.

Under the law as it now is when a patient is received upon the regular papers, which consist of a request for his commitment and the certificates of two physicians, a certified copy is at once sent by the Medical Director of the Hospital to the Judge of the Court of Common Pleas of the county from which the patient is received. The Judge is allowed five days in which to take testimony in the case, examine the evidence as to insanity, and determine the legal settlement. He must then send an order of approval or disapproval to the Medical Director, or give him notice that more time will be required in which to complete the inquiry. When no legal settlement can be established in any county of the State, an order is issued that the said patient be detained at the expense of the State of New Jersey. At this point a difficulty arises, for the reason that the Comptroller refuses to pay for the maintenance except from the date of the order of approval. During the time that elapses between the admission of the patient to the hospital and the date of the Judge's order of approval (often more than fifteen days, when the time has been extended) the patient is supported by the hospital with no return from State or county.

As a rule cases are acted upon promptly within the limit of the time extension, but in some cases the time is still further extended, and the court allows the matter to be protracted over an indefinite period of time. In one case the order of approval was not received for three months after the admission of the patient, who, in the meantime, had recovered and been sent home. When the order was received, it committed the patient as a "State Indigent," and the hospital, therefore, received nothing for three months' maintenance.

Another difficulty is that in cases admitted where the preliminary papers set forth indigency and the Judge's order of approval



states "Insane, but to be maintained at the expense of the said patient's estate," it has been found difficult, if not impossible, to obtain a bond with satisfactory security or to collect anything for maintenance. Thus the construction some of the courts put upon this part of the law makes it incumbent upon the hospital to have titles searched, to bring suit to compel payment of bills and to enter into numerous expensive litigations, plainly the duty of the officials of the county from which such patient was received.

The law should be so revised that the hospital shall be paid for maintenance *from the date of the patient's admission to the hospital*, whether such patient be chargeable to the State or the county. It should provide that a patient committed on indigent papers shall be charged to the county from which he came or to the county in which the Judge determines he has a legal settlement.

If it be found by the court that the patient has an estate of small value (and it is only in cases where a small amount of property is owned that these troubles arise), it should be made the duty of the court to commit such patient at the expense of the county, and refer the financial status of the case to the counsel of the Board of Chosen Freeholders that he may take the necessary action for the reimbursement of such county. It is obvious that the hospital authorities cannot command proper facilities for investigating such matters while the members of the Board of Chosen Freeholders, being distributed throughout the State, can readily do so.

The physicians' quarters and the wing for males in the new building are ready for occupancy, and the wing for females is nearing completion. The relief long delayed, we hope is at hand. This institution at the present time contains 1,389 patients, nearly six hundred more than it was built to accommodate.

#### CONVICT INSANE.

For a number of years the Boards of both State Hospitals have been respectfully but earnestly protesting against the continued confinement of the convict insane in State Hospitals. Prisoners who, after a criminal course, have become insane are nearly all

degenerates, and many of them are destitute of even the vestige of moral sense. Some are afflicted with forms of mental disease in which no improvement can be expected, while some successfully feign insanity in order to increase their chance of escape by being transferred to a hospital. Insane criminals in conjunction with others who are not mentally deranged form a most dangerous combination. They are disorganizers and always an occasion of much trouble. Several organized attempts for escape have been made in this Hospital among this class of patients, all of which have been frustrated. But the number of convicts is increasing in this institution year by year, and there are now 91 of this undesirable class in this Hospital.

The recent escape of six convicts from the State Hospital at Matteawan, N. Y., a hospital designed and built for the care of this class, is an object lesson which has brought this matter forcibly to our attention. And the escape, ingeniously planned and daringly executed, of a dangerous criminal imprisoned for murder, from a strong room in this Hospital, especially provided for this class, is a warning which we cannot neglect.

To place convicts and criminals in a State Hospital, and thus force patients of good reputation and habits to associate with them, is a grievous affliction and imposition. Convicts, those who become insane after being found guilty of crime, are adepts in the manufacture of keys and contriving means of escape. Having been schooled in crime, they indulge in many petty criminalities on the wards, which have serious influence over other patients. Frequently they become daring and dangerous, and it requires constant vigilance to prevent them from committing homicide. The construction of hospitals for the insane is not, and should not be, such as to give guarantee against the escape of criminals and the consequent danger to society. These criminals are a daily menace to the best interests of the Hospital, and a source of humiliation to the patients whose lives have been free from crime, many of whom are of sufficiently unsound mind to be placed in an institution for treatment, but have not lost their gentlemanly instincts or their pride in selecting associates untainted by prison or criminal life. Numerous are the complaints made to the Medical Director by patients and their relatives. The interming-

ling of criminals with the patients in general is prevented as far as practicable, but to do so wholly is not possible.

Several of the States have made provision for the criminal insane so as to separate them from other patients upon whom the stigma of crime does not rest. Among these are Illinois, Michigan and New York. In one of these States incidents occurred of convalescing patients being taught crime by the convict insane, some of whom were suspected of having feigned insanity, and others were convalescent. After their discharge from the hospital and from the State Prison, they succeeded in luring away certain previously moral patients, who had been forced into their society by the transfer of the convicts to the State Hospital. There being more than 150 of these criminals in both Hospitals, and the number constantly increasing, it would be economical and humane for the State to erect in or near the city of Trenton an institution for the convict insane.

We are at all times ready to furnish your Excellency or the Legislature with detailed facts upon this subject which will fully justify the earnestness with which we commend it to your special attention.

The resources and liabilities at the close of the year are:

## RESOURCES.

Balance in hands of the Treasurer, .....	\$5,494 38
Due from Bergen county as per bill rendered, .....	4,950 99
Due from Hudson county as per bill rendered, .....	658 33
Due from Morris county as per bill rendered, .....	6,304 68
Due from Passaic county as per bill rendered, .....	11,615 50
Due from Union county as per bill rendered, .....	10,045 47
Due from Warren county as per bill rendered, .....	3,759 19
Due from State Treasurer for county patients, .....	8,678 78
Due from State Treasurer for convict patients, .....	3,406 97
Due from State Treasurer for State patients, .....	10,825 06
Due from private patients as per bills rendered, .....	4,742 60
Due from Sailors' Snug Harbor, .....	4,831 87
Due from Petty expense account, .....	186 76
Due from clothing issued, .....	3,526 42
	<hr/>
	\$79,027 00

## LIABILITIES.

Bills payable, .....	\$15,439 89
Pay-roll for month of October, 1900,.....	8,220 45

County patients paid beyond, .....	1,019 57	
Private patients paid beyond, .....	7,030 25	
Amount of bills rendered counties not yet earned, ..	5,718 55	
Amount of bills rendered private patients not yet earned, .....	2,153 84	
		<u>\$39,582 55</u>
Balance above liabilities, .....		\$39,444 45

We desire to direct the attention of your Excellency to certain facts in connection with the non-payment of bills justly due to this Hospital. From the balance above liabilities should be deducted \$15,485.28, the amount of bills rendered to the State Treasurer for the support of County, Convict and State Indigent patients for the years 1898, 1899 and 1900, as follows :

	<i>State County.</i>	<i>State Indigent.</i>	<i>Convict.</i>
1898, .....	\$631 84	\$1,460 62	.....
1899, .....	845 56	4,680 54	\$0 01
1900, .....	2,765 43	3,194 14	1,907 14
	<u>\$4,242 83</u>	<u>\$9,335 30</u>	<u>\$1,907 15</u>
Total, .....			\$15,485 28

These bills are unpaid because of insufficient appropriations.

An act of the Legislature approved March 11th, 1893, Chapter 119, Section 48, reads :

*"And be it enacted,* That there shall be paid from the State Treasury, in quarterly payments, and upon the warrant of the Comptroller, to the treasurers of the said hospitals, the sum of one dollar per week towards the maintenance and keep of each indigent patient in said hospitals."

It would appear that by the act of March 11th, 1893, cited above, that this appropriation of one dollar per week for the maintenance and keep of each indigent patient was specific. The acts under which the annual appropriations are made do not repeal the above act. They simply appropriate a fixed sum of money. If the bills do not reach the amount of the appropriation, the remainder lapses. We submit that in this state of facts it would seem that the Legislature should pass a deficiency bill.

If the bills amounting to \$15,485.28 are not provided for by the next Legislature, the balance of resources over liabilities is decreased to \$23,959.17.

We are reluctantly compelled to direct your attention to another condition which requires Legislative relief. On account of the appropriations being insufficient to cover the contracts for the new building, it was stipulated that whatever deficiency there was should be met by the house funds.

The advance of all the building material, in some cases as high as 40%, between the time of estimates of probable cost were made and the time the bids were received, occasioned the difference in amount of appropriations and contracts. This is \$47,007.36, of which there has already been paid from the house funds \$7,381.50. To take the remainder from the house funds would retard improvements and the prompt payment of other bills.

The balance above liabilities nearly equals this difference between the contracts and the amount appropriated for them, provided the coming Legislature appropriates an amount to cover the deficiency of the bills against the State Treasurer. But this leaves no working balance of resources above liabilities, and we therefore ask for an appropriation to cover this deficiency, making in all \$54,625.86.

As collections cannot always be made promptly, many of the bills payable would have to run two or three months, or longer.

#### COUNTY ASYLUMS.

The three county asylums which the Board of Managers of the State Hospital are required by law to inspect, have been duly visited.

##### *Essex County Asylum and Branch at Overbrook.*

The main institution is situated on South Orange avenue, Newark, N. J., and the Branch Hospital at Overbrook, Verona township, Essex county. Both institutions are in charge of Supt. L. S. Hinckley, M.D., with a staff of two physicians and a dispensary clerk at the main hospital and two physicians at the Overbrook

Hospital. The two hospitals contain 850 patients, with 32 on parole. Of this number 240 male and 360 female are at the main hospital, and 117 male and 133 female at the Branch Hospital.

The main institution is kept in excellent condition. Improvements have been made during the past year in the plumbing, and the institution is as rapidly as possible being renewed with the best sanitary plumbing and ventilation. Improvements have also been made in the kitchen and laundry. The hospital at Overbrook is being enlarged by the building of an additional wing on the same plan as the other wings, which will accommodate 80 patients and a number of attendants. This will give the Superintendent further opportunity of relieving the main hospital, thereby better classifying the patients. This hospital has had a Training School for many years, and, therefore, has a most competent corps of attendants, twelve of the number now employed having graduated during the past year.

#### *Hudson County Asylum,*

Situated on Snake Hill, Hudson county, continues to be in charge of Dr. George W. King as Medical Superintendent; there is also a Deputy Superintendent, ten male attendants and fourteen female attendants. The number of patients admitted during the year now closed is 117; discharged, 64; died, 50. Remaining at the present date 243 male patients, 308 female patients; total, 551. Of these three male and one female are colored.

#### *Passaic County Asylum.*

Most of the insane in this county are at the institution at Morris Plains, but the Board of Freeholders of Passaic county is taking care of 7 male and 26 female patients at their county almshouse. These patients are of a class that, without detriment to them, can be taken care of in this way. A long-needed improvement in the situation has been brought about by the removal, by the Children's Aid Society of the State, of the children who were formerly kept at the same institution. Their removal had been suggested in former reports of the Board, as their presence was occasionally irritating to the patients, while seriously demoralizing to the children.

## PRIVATE ASYLUMS.

The private asylums which we are required to inspect and license have been visited, and those we found to be suitable have been examined and a license granted in each case.

For further information as to the medical department and the details as to the farm, garden, improvements, etc., we beg leave to refer your Excellency to the reports of the Medical Director and Warden.

Signed,

PATRICK FARRELLY,  
JOHN C. EISELE,  
JAMES M. BUCKLEY, D. D.,  
ROMEO F. CHABERT, M. D.,  
JOHN A. McBRIDE,  
DAVID ST. JOHN, M. D.,  
JAMES W. SMITH, M. D.,  
RICHARD A. McCURDY,

*Managers.*







NEW BUILDING, SHOWING COMPLETED MALE WING.





---

---

## **REPORT OF THE MEDICAL DIRECTOR.**

---

---

(17)



# Report of the Medical Director.

---

*To the Board of Managers:*

GENTLEMEN—Herewith is transmitted to you the twenty-fifth annual report of the Medical Department of the New Jersey State Hospital at Morris Plains.

For nearly a quarter of a century this great public charity has had its portals open for the reception of that class of humanity afflicted with mental derangement.

During the month of August, 1876, two hundred and ninety-two patients were transferred in four installments from the State Lunatic Asylum at Trenton to this Hospital, then known as the new "State Asylum at Morristown." Thus the work was begun at this institution.

In all five thousand seven hundred and sixty-six patients have been admitted, and of this number two thousand two hundred and twenty-nine have been restored or sufficiently improved to again become useful members of their community.

Even since the opening of this Hospital we have witnessed the gradual change which is taking place in public opinion, and the so-called "Insane Asylum" no longer causes the feeling of dread and terror so apparent years ago. This is evidenced not only by our records, but the records of all institutions engaged in caring for the insane. A few years ago patients were rarely sent to an institution for treatment until every other means had failed, and then only as a last resort. When they no longer could be cared for at home, even in rooms barred, bare of furnishing and fitted as became the care of vile criminals, and the dread step of placing them in an insane asylum had been taken, it was usually found that months and even years had elapsed and additional sacrifices had been made upon the altar of ignorance and prejudice. While the error is deplorable, the spirit of self-sacrifice and loving devo-

tion to the misfortunes of others which stands out prominent and commanding in these cases compels our admiration and respect.

The education of the masses has been slow in regard to hospital work of all kinds, but it has taken years to place hospitals for the insane in the light in which they stand at the end of the nineteenth century, as benevolent institutions of a high order.

Of late years records show that a large percentage of the cases are brought at once, or as soon as the necessity for treatment is recognized, and there is now usually but little delay in very acute cases. Surely this fact in itself is a monument to the memory of those who have plodded patiently along and given their best years to the care and amelioration of the insane in the face of bigotry, blind prejudice and, too often, persecution. The progressive work of those who are intimately connected with hospitals for the insane and make a study of the wants of those bereft of reason has done much to educate the general public. There is still, however, room and opportunity for much educational effort along this line. A large part of the educated citizens of every State take but a limited interest in the needs and demands of our public institutions for the care and treatment of insane persons. Their failure to visit our hospitals and interest themselves in what is being done in such institutions is adequate reason for their not being conversant with the progress made. We can but hope that another quarter of a century may show still greater advancement, and that the special work being done constantly in various quarters will ultimately throw light upon some of our vexed problems. Among those who deserve special commendation for the production of these results are the faithful men and women who, for small remuneration, devote themselves to the immediate care and supervision of this unfortunate class. Theirs are long hours, weary vigils, unceasing care and but too often inadequate recognition at the hands of the general public of invaluable service.

#### RESUME.

During the year three hundred and twenty-three patients have been admitted, and two hundred and thirty-six have been discharged, a net increase of eighty-seven patients. We close the

year with a total of thirteen hundred and eighty-nine patients—six hundred and ninety-six men and six hundred and ninety-three women. Our percentage of recoveries, based on the number admitted, is twenty-five per cent., and the death-rate, based on the total number under treatment (1625) is seven and four-tenths per cent. The official classification of those remaining in the Hospital October 31st, 1900, is as follows: Indigent, 1127; Pay, 171; Criminal, 25; Convict, 66; a total of 1389 patients.

The cause of insanity in sixty-eight cases, or approximately one-fifth of those admitted, was directly traceable to heredity, and it should also be noted that hereditary taint was admitted in ninety-two cases, or more than one-fourth of the admissions. In sixteen cases the mental disease was the result of epilepsy, and in twenty-six cases the cause was undoubtedly toxic in origin, from the long continued abuse of alcohol, cocaine or morphine. Heredity, however, plays by far the more important role as a causal factor in insanity. With the predisposition and certain environments, insanity is but the natural sequence.

Table IX gives the form of mental disorder, Table XI the alleged causes of insanity, and Table XII the complications of those admitted. In Table XXI will be found the mental disease with the immediate cause of death of all those who died during the year.

#### TRAINING-SCHOOL.

The training-school for nurses, established for the betterment of the service, is now beginning its seventh year, and continues to fulfill our expectations. The course of training is obligatory, and earnest, conscientious nurses who are striving to perfect themselves in special work recognize the increased value of trained service. There is probably nothing connected with hospital work which impresses the general public more with its scope and humanity than the contact with kind-hearted, intelligent men and women who are devoting themselves constantly to the care of the sick and afflicted. Nor is it at all unusual to have the work and efficiency of a hospital measured exclusively by the class of nurses it employs.



To the staff of physicians a most perplexing problem is the selection of suitable material for training from the mass of inexperienced applicants. The attempt is made to select only those who are intelligent, who have some realizing sense of the responsibilities they desire to assume, who have capabilities which can be moulded and shaped toward efficiency, for, once employed, it is always an unwelcome task to dispense with services on the ground of unsuitableness for the work. On the other hand, nothing adds more to the mental peace and lessens the feeling of unrest and anxiety of the physician in charge than to know that the safety and comfort of the patients are being properly looked after and the wards manned by trained nurses on whose faithfulness and efficiency they can rely.

At the last session three men and eight women graduated and received diplomas. This makes a total of thirty-four men and forty-nine women who have graduated from the school.

#### THE COMMITMENT LAW OF 1898.

I have, in my official communication, called your attention to some of the defects and deficiencies in the Commitment Law of 1898, and I have deemed it unnecessary to make a detailed record of them in this report. The law gives a greater protection to the citizen than was given under the old law, but there is a looseness in its obligations to the financial interests of the State institutions. This, however, can be readily remedied by the Legislature.

#### NEW BUILDING.

The new building is practically finished. The physicians' quarters and the male wing are ready for occupancy, and the female wing is nearing completion. We expect, therefore, to receive relief at once from the crowded condition of the male department of the main building, and look for relief for the female department within a short time.

The evils of overcrowding have been sufficiently dilated upon in previous communications, and it only remains to repeat that

under the existing conditions proper classification is utterly impossible; the rights and interests of convalescing patients are jeopardized, and it is a matter for congratulation that suicides and other accidents do not occur more frequently.

#### TYPHOID FEVER.

For the first time since the twentieth annual report we have to note the prevalence of typhoid fever. I am unable to account for its inception. The milk is supposed to be beyond contamination, and the water supply has been chemically and biologically analyzed and found to be pure. At the present writing we have had twelve cases. The disease has been confined entirely to the female department and, with three exceptions, to one ward. This ward has been thoroughly disinfected with formalin gas; the typhoid cases have been isolated in one large infirmary room, and every precaution taken to prevent the spread of this disease. No new cases have developed within the past two weeks.

In December, 1899, an outbreak of small-pox occurred in Morristown. The Hospital was at once quarantined, the visiting rules suspended, and all officers, employes and patients were vaccinated. The close vicinity of the disease gave us much apprehension, for no more serious calamity could befall the Hospital than to suffer an epidemic of such a disease in our crowded condition. One patient was admitted at this time whose mental trouble was caused by the death of her daughter from this disease, and the patient herself had had a mild attack of small-pox, from which she recovered shortly before her admission to this Hospital. Receiving patients as we do continually from districts of the State which are densely populated, it speaks well for the efficiency of our health officials that we do not more often have committed to us patients suffering from contagious disease. We cannot expect, however, constant immunity from this danger which is always present before us.

These outbreaks again emphasize the importance and necessity of having a specially fitted and isolated building where cases of contagious or infectious diseases can be cared for without coming in contact with other patients and nurses.

## CONVICT INSANE.

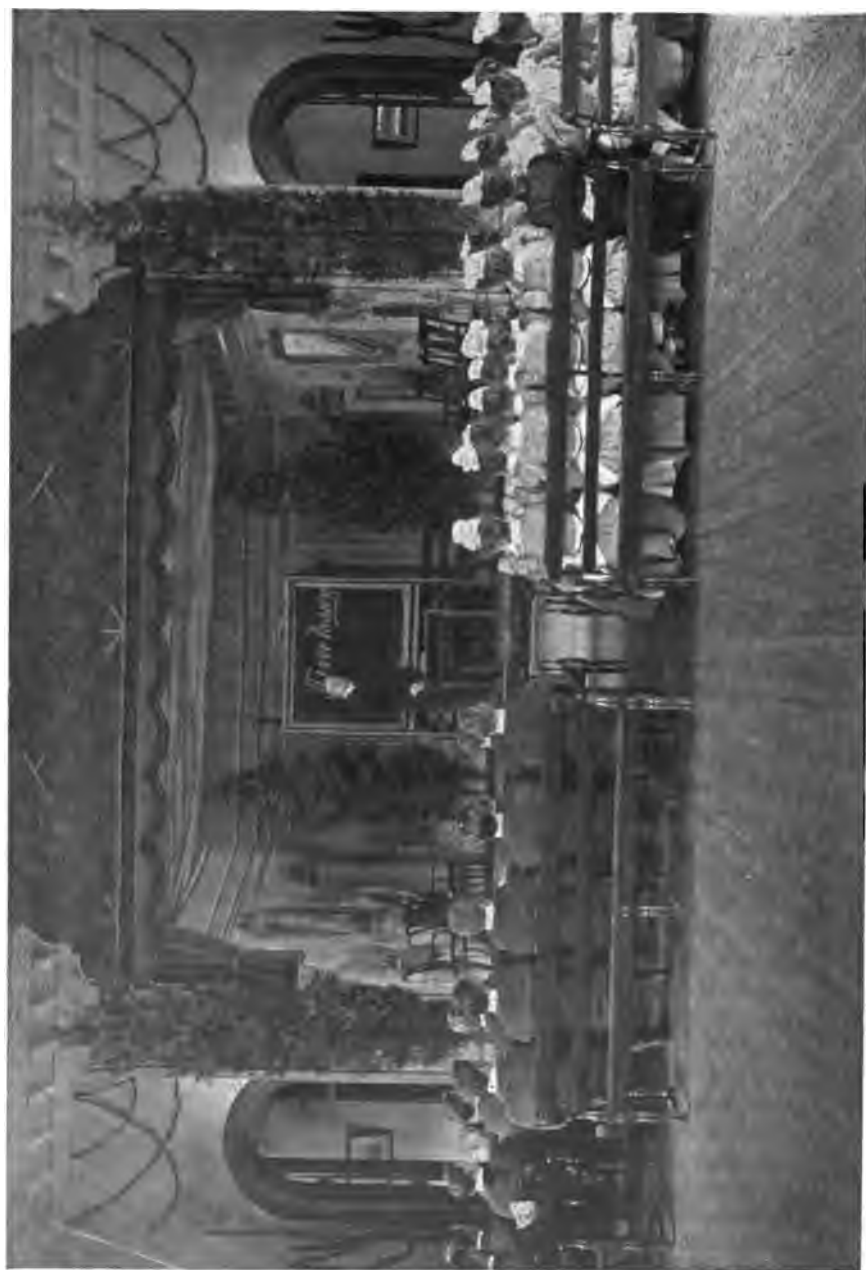
In nearly all previous reports special attention has been directed to the dangers incident to caring for this class in our State Hospitals, and the evident necessity of making other provision for their care and custody in a properly constructed building to be devoted exclusively to them. In the twentieth annual report I gave in detail my observations upon this matter. It is not a new subject; the idea of the segregation of convicts who have, during their imprisonment, become insane, is in no sense new. The most progressive States in the Union have provided special institutions for this class. This plan has long passed the stage of experiment: the testimony from those States in which the separate care of insane convicts has been thoroughly tried is unanimous and conclusive in support of the wisdom of this course. Numerous State institutions have upon their records sad experiences due to the presence of the convict insane upon their wards.

This is a matter of too much importance to be omitted from my report. The continuation of this dangerous and disorganizing class in our State Hospitals carries with it grave responsibilities. Attention has been so frequently called to this matter, now assuming such proportions, that I can only feel that the responsibility for the future rests with that body in whose hands the remedy lies—the State Legislature.

## PATHOLOGICAL DEPARTMENT.

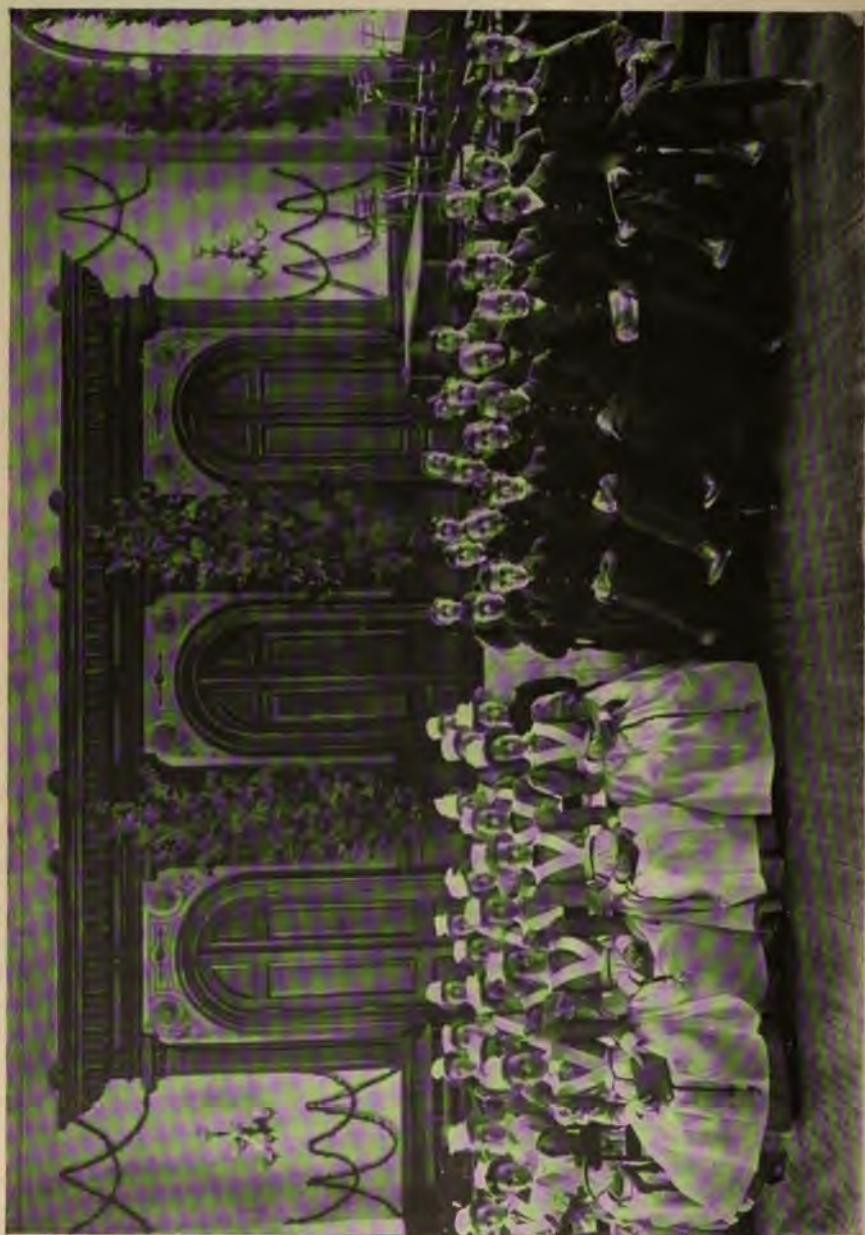
The monograph of the pathologist, Dr. Thomas P. Prout, contains his observations on the findings in cases of paretic dementia autopsied, and, as in former reports, I have appended it in full. It shows careful and scientific work, and speaks for itself. The laboratory has become an integral part of the work of the Medical Department, and its importance clinically cannot be overestimated. Upon the equipment and occupation of the rooms set apart for pathological work in the new building our facilities will be greatly increased. These rooms are so located and arranged





TRAINING SCHOOL, AT LECTURE.





TRAINING SCHOOL, ASSEMBLED.

as to afford good light and all the advantages of a modern, up-to-date laboratory.

### AMUSEMENT AND EMPLOYMENT.

Amusement and employment continue to occupy a deservedly prominent place in the treatment of our patients. Weekly baseball games during the season, dances on Monday nights, card parties, the fancy dress ball and other entertainments as they can be procured, always have a large and interested audience. Following our custom, patients have also been kept employed both indoors and out whenever consistent and practicable, with much benefit to themselves. The tables herewith show the year's employments in full.

TABLE I.

#### NUMBER OF DAYS' WORK DONE BY PATIENTS ON THE WARDS.

<i>Date.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1899.			
November, .....	4,173	3,533	7,706
December, .....	4,310	3,016	7,326
1900.			
January, .....	4,447	3,250	7,697
February, .....	4,154	3,475	7,629
March, .....	4,794	3,287	8,081
April, .....	4,529	3,418	7,947
May, .....	4,588	3,577	8,165
June, .....	4,096	3,551	7,647
July, .....	4,060	3,548	7,608
August, .....	4,489	3,569	8,058
September, .....	4,530	3,165	7,695
October, .....	4,897	3,405	8,302
Total, .....	53,067	40,794	93,861



TABLE II.

NUMBER OF DAYS' WORK DONE BY PATIENTS IN THE INDUSTRIAL DEPARTMENT.

DATE.	LAUNDRY.			KITCHEN.			Farm and grounds.	Bakery.	Shops.	Sewing room.	Total.
	Men.	Women.	Total.	Men.	Women.	Total.					
1889.											
November, . . . . .	163	584	747	309	59	368	1,127	114	380	220	1,850
December, . . . . .	182	574	756	303	36	339	1,165	108	377	294	1,944
1900.											
January, . . . . .	199	568	767	346	58	404	1,188	113	402	293	1,996
February, . . . . .	176	601	777	314	52	366	1,032	101	352	352	1,837
March, . . . . .	195	533	728	338	59	397	1,104	111	396	360	1,971
April, . . . . .	186	538	724	314	60	374	1,272	107	386	416	2,181
May, . . . . .	196	558	754	304	62	366	1,449	111	378	436	2,374
June, . . . . .	169	583	752	309	54	363	1,748	109	366	530	2,753
July, . . . . .	191	601	792	311	57	368	1,347	115	362	435	2,259
August, . . . . .	227	595	822	383	59	442	1,355	116	371	453	2,295
September, . . . . .	234	530	764	469	38	507	1,263	112	348	327	2,050
October, . . . . .	218	566	784	382	55	437	1,361	116	374	349	2,200
	2,336	6,831	9,167	4,082	649	4,731	15,411	1,333	4,492	4,474	25,710

The following clergymen will continue to officiate in conducting religious services in the chapel according to the schedule in operation :

Rev. Dr. Albert Erdman, Presbyterian, Morristown.

Rev. Dr. T. I. Coultas, Methodist, Morristown.

Rev. S. Z. Batten, Baptist, Morristown.

Rev. Dr. William M. Hughes, Episcopalian, Morristown.

Rev. Father A. M. Egan, Roman Catholic, Morris Plains.

The following is the schedule of services for the coming year :

1900.		1901.	
November	4th . . . . Episcop.	February	3d . . . . Methodist.
"	11th . . . . Presbyterian.	"	10th . . . . Baptist.
"	18th . . . . Roman Catholic.	"	17th . . . . Episcop.
"	25th . . . . Methodist.	"	24th . . . . Presbyterian.
December	2d . . . . Baptist.	March	3d . . . . Roman Catholic.
"	9th . . . . Episcop.	"	10th . . . . Methodist.
"	16th . . . . Presbyterian.	"	17th . . . . Baptist.
"	23d . . . . Roman Catholic.	"	24th . . . . Episcop.
"	30th . . . . Methodist.	"	31st . . . . Presbyterian.
1901.		April	7th . . . . Roman Catholic.
January	6th . . . . Baptist.	"	14th . . . . Methodist.
"	13th . . . . Episcop.	"	21st . . . . Baptist.
"	20th . . . . Presbyterian.	"	28th . . . . Episcop.
"	27th . . . . Roman Catholic.		

May	5th....Presbyterian.	August	4th....Baptist.
"	12th....Roman Catholic.	"	11th....Episcopal.
"	19th....Methodist.	"	18th....Presbyterian.
"	26th....Baptist.	"	25th....Roman Catholic.
June	2d....Episcopal.	September	1st....Methodist.
"	9th....Presbyterian.	"	8th....Baptist.
"	16th....Roman Catholic.	"	15th....Episcopal.
"	23d....Methodist.	"	22d....Presbyterian.
"	30th....Baptist.	"	29th....Roman Catholic.
July	7th....Episcopal.	October	6th....Methodist.
"	14th....Presbyterian.	"	13th....Baptist.
"	21st....Roman Catholic.	"	20th....Episcopal.
"	28th....Methodist.	"	27th....Presbyterian.

"Each clergyman has an equal representation, and is responsible for the services on the date set apart for him. If, for any reason, he is unable to attend, it is understood that he will provide a substitute, with whom he is to arrange, so that the accounts of the Hospital can be kept with the clergyman responsible for the date, not with the substitute."

Adopted by the Board of Managers at a regular meeting September 1st, 1898.

#### RESIGNATIONS AND APPOINTMENTS.

There has been one addition to the Medical Staff of the Hospital. Dr. Harry A. Cossitt took the honors in a competitive examination, and was appointed Medical interne May 1st, 1900. He has performed the duties assigned to him with unvarying ability and faithfulness.

In closing this report I desire again to record the pleasant and cordial relations existing between the Medical and Business Departments. To my assistants on the Medical Staff is due an expression of my appreciation of their conscientious co-operation with me in the medical work of the Hospital during the fiscal year just closed.

Respectfully submitted,

B. D. EVANS, M. D.,

*Medical Director.*

Morris Plains, N. J., October 31st, 1900.



# Statistical Appendix to the Medical Director's Report.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING  
OCTOBER 31ST, 1900.

	<i>Men.</i>	<i>Women</i>	<i>Total.</i>	<i>Men.</i>	<i>Women</i>	<i>Total.</i>
In the Hospital October 31st, 1899,....	....	....	....	658	644	1,302
Patients admitted—						
First admissions, .....	150	122	272	....	....	....
Re-admissions, .....	19	32	51	....	....	....
Total, .....	....	....	....	169	154	323
Total number of patients under treatment during the year, .....	....	....	....	827	798	1,625
Patients discharged—						
Recovered, .....	39	41	80	....	....	....
Improved, .....	11	11	22	....	....	....
Unimproved, .....	4	8	12	....	....	....
Died, .....	75	45	120	....	....	....
Eloped, .....	2	....	2	....	....	....
Total discharged and died, .....	....	....	....	131	105	236
Remaining in the Hospital, .....	....	....	....	696	693	1,389
Of this number there are, Public,.....	612	606	1,218	....	....	....
Private,.....	84	87	171	....	....	....
Total .....	....	....	....	696	693	1,389
Whole number admitted from Au- gust 17th, 1876, to October 31st, 1900, .....	....	....	....	2,991	2,775	5,766
Whole number discharged during the same period of time—						
Recovered, .....	634	621	1,255	....	....	....
Improved, .....	482	502	984	....	....	....
Unimproved, .....	210	242	452	....	....	....
Died, .....	949	717	1,666	....	....	....
Eloped, .....	20	....	20	....	....	....
Total, .....	....	....	....	2,295	2,082	4,377
Remaining October 31st, 1900, .....	....	....	....	696	693	1,389

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1899.									
November, .....	17	12	29	6	5	11	662.40	645.06	1,307.46
December, .....	18	13	31	11	5	16	672.23	649.81	1,322.04
1900.									
January, .....	18	13	31	9	8	17	677.85	657.87	1,335.72
February, .....	11	12	23	3	8	11	688.42	662.93	1,351.35
March, .....	9	13	22	5	5	10	694.93	674.57	1,369.50
April, .....	13	13	26	17	7	24	696.50	674.34	1,370.84
May, .....	16	20	36	12	14	26	696.38	680.97	1,377.35
June, .....	9	7	16	7	6	13	696.50	683.88	1,380.38
July, .....	20	13	33	18	6	24	694.82	689.35	1,384.17
August, .....	18	16	34	19	11	30	693.08	693.63	1,386.71
September, .....	5	14	19	8	10	18	689.45	698.36	1,387.81
October, .....	15	8	23	14	20	34	693.00	698.00	1,391.00
Total, .....	169	154	323	129	105	234			
For the year, .....							688.00	676.00	1,364.00

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

<i>Attack.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First, .....	136	112	248
Second, .....	26	28	54
Third, .....	6	8	14
Fourth, .....	1	2	3
Fifth, .....	...	1	1
Sixth or more, .....	...	3	3
Total, .....	169	154	323

TABLE IV.

AGE WHEN ADMITTED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years, .....	...	2	2
Fifteen to twenty years, .....	5	9	14
Twenty to twenty-five years, .....	22	12	34
Twenty-five to thirty years, .....	15	19	34
Thirty to thirty-five years, .....	27	18	45

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Thirty-five to forty years, .....	23	19	42
Forty to forty-five years, .....	20	14	34
Forty-five to fifty years, .....	8	16	24
Fifty to sixty years, .....	21	24	45
Sixty to seventy years, .....	11	9	20
Seventy to eighty years, .....	8	10	18
Eighty years and over, .....	9	2	11
Total, .....	169	154	323

TABLE V,

NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Connecticut, .....	....	3	3
Georgia, .....	1	....	1
Indiana, .....	....	1	1
Kansas, .....	....	1	1
Maine, .....	1	1	2
Maryland, .....	1	....	1
Massachusetts, .....	2	1	3
Nevada, .....	1	....	1
New Jersey, .....	70	64	134
New York, .....	17	21	38
North Carolina, .....	....	1	1
Pennsylvania, .....	10	1	11
Rhode Island, .....	2	1	3
South Carolina, .....	1	....	1
Vermont, .....	....	1	1
Virginia, .....	2	1	3
United States, .....	8	2	10
Austria, .....	1	....	1
Canada, .....	....	2	2
Denmark, .....	1	....	1
England, .....	7	9	16
France, .....	1	1	2
Germany, .....	13	16	29
Holland, .....	3	....	3
Hungary, .....	1	....	1
Ireland, .....	18	18	36
Italy, .....	1	....	1
Russia, .....	3	1	4
Scotland, .....	1	1	2
Sweden, .....	....	2	2
Switzerland, .....	2	5	7
West Indies, .....	1	....	1
Total, .....	169	154	323

TABLE VI.

RESIDENCE OF THOSE ADMITTED.			
<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen, .....	26	16	42
Burlington, .....	.....	1	1
Essex, .....	25	8	33
Hudson, .....	20	15	35
Morris, .....	25	21	46
Middlesex, .....	2	3	5
Passaic, .....	26	45	71
Somerset, .....	1	.....	1
Sussex, .....	2	9	11
Union, .....	27	27	54
Warren, .....	10	9	19
New York, N. Y., .....	5	.....	5
Total, .....	169	154	323

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.			
<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single, .....	72	72	144
Married, .....	79	54	133
Widowed, .....	18	28	46
Total, .....	169	154	323

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.			
<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Artisans, .....	33	6	39
Carpenters, .....	8	.....	8
Clerks, .....	25	3	28
Clergyman, .....	1	.....	1
Dentist, .....	1	.....	1
Dressmakers, .....	.....	8	8
Farmers, .....	12	.....	12
Housewives, .....	.....	71	71
Housekeepers, .....	.....	4	4
Lawyer, .....	1	.....	1
Laborers, .....	37	.....	37
Merchants, .....	10	.....	10
Mechanics, .....	10	.....	10







WARD FOR WOMEN.

<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Nurses, .....	....	2	2
Physicians, .....	3	....	3
Sailors, .....	5	....	5
Servants, .....	....	16	16
Teachers, .....	3	3	6
No occupation, .....	20	41	61
Total, .....	169	154	323

TABLE IX.

## MENTAL DISEASE OF THOSE ADMITTED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute, .....	17	20	37
Mania, acute delirious, .....	1	1	2
Mania, chronic, .....	5	12	17
Mania, epileptic, .....	6	1	7
Mania, puerperal, .....	....	5	5
Mania, recurrent, .....	3	11	14
Mania, toxic, .....	17	8	25
Melancholia, acute, .....	29	40	69
Melancholia, agitata, .....	3	2	5
Melancholia, chronic, .....	5	7	12
Melancholia, recurrent, .....	2	5	7
Melancholia, stuporous, .....	2	....	2
Dementia, epileptic, .....	3	3	6
Dementia, organic, .....	4	3	7
Dementia, primary, .....	....	1	1
Dementia, paretic, .....	19	2	21
Dementia, senile, .....	17	10	27
Dementia, terminal, .....	....	6	6
Imbecility, .....	1	2	3
Imbecility with epilepsy, .....	1	2	3
Insane neurosis; hypochondria, .....	....	3	3
Adolescent insanity, .....	11	4	15
Choreic insanity, .....	1	....	1
Pubescent insanity, .....	5	3	8
Paranoia, .....	17	3	20
Total, .....	169	154	323

TABLE X.

## MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State, .....	35	17	52
County, .....	89	91	180
Private, .....	45	46	91
Total, .....	169	154	323

TABLE XI.

## ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<b>Physical—</b>			
Cerebral embolism, .....	1	....	1
Cerebral hemorrhage, .....	1	....	1
Childbirth, .....	....	6	6
Chorea, .....	1	....	1
Epilepsy, .....	10	6	16
General ill-health, .....	3	5	8
Heredity, .....	24	44	68
Injury, .....	4	3	7
Insomnia, .....	....	1	1
Intemperance and other excesses, .....	22	4	26
Masturbation, .....	7	1	8
Menopause, .....	....	8	8
Morphine, .....	3	2	5
Multiple sclerosis, .....	....	2	2
Old age, .....	9	5	14
Overwork, .....	4	4	8
Pregnancy, .....	....	5	5
Sunstroke, .....	2	1	3
Spinal meningitis, .....	1	....	1
Syphilis, .....	8	1	9
Tabes dorsalis, .....	1	....	1
Total physical, .....	101	98	199
<b>Moral—</b>			
Business troubles, .....	5	1	6
Domestic troubles, .....	1	12	13
Disappointed affections, .....	1	1	2
Financial reverses, .....	1	1	2
Grief, .....	....	5	5
Religious excitement, .....	2	1	3
Worry, .....	10	5	15
Total moral, .....	20	26	46
Total physical, .....	101	98	199
Total moral, .....	20	26	46
Unassigned, .....	48	30	78
Total, .....	169	154	323

TABLE XII.

## COMPLICATIONS OF THOSE ADMITTED.

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Anæmia, .....	1	1	2
Carcinoma, .....		2	2
Chronic gastritis, .....	1	1	2
Chorea, .....	1	....	1
Diabetes, .....	....	1	1
Emphysema, .....	1	2	3
Endocarditis, .....	18	28	46
Epilepsy, .....	10	6	16
Epithelioma, .....	....	1	1
Facial paralysis, .....	1	....	1
Floating kidney, .....	....	1	1
Hemiplegia, .....	3	....	3
Hernia, .....	7	....	7
Multiple sclerosis, .....	....	2	2
Nephritis, .....	3	10	13
Osteo-myelitis, .....	1	....	1
Paralysis agitans, .....	1	....	1
Pneumonia, .....	1	1	2
Pulmonary tuberculosis, .....	4	3	7
Pregnancy, .....	....	3	3
Scoliosis, .....	1	2	3
Senile gangrene, .....	1	....	1
Septicæmia, .....	1	....	1
Syphilis, .....	11	1	12
Tabes dorsalis, .....	1	1	2
Talipes, .....	1	1	2
Typhoid fever, .....	....	1	1
Uterine or ovarian disease, .....	....	4	4
Varicose veins, .....	5	2	7
Varicocele, .....	5	....	5
Homicidal tendencies, .....	27	20	47
Suicidal tendencies, .....	24	48	72
Without complications, .....	91	92	183

In this table patients who had a number of complications have been noted more than once. Therefore the totals would have no significance.

TABLE XIII.

## HEREDITY OF THOSE ADMITTED.

<i>Heredity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Insanity in family, .....	43	49	92
Hereditary taint denied, .....	85	76	161
Hereditary history unobtainable, .....	41	29	70
Total, .....	169	154	323

TABLE XIV.

## DURATION OF DISEASE BEFORE ADMISSION.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month, .....	42	45	87
One to three months, .....	32	28	60
Three to six months, .....	29	9	38
Six to twelve months, .....	22	22	44
One to two years, .....	13	12	25
Two to three years, .....	5	11	16
Three to four years, .....	7	5	12
Five to ten years, .....	11	9	20
Ten to twenty years, .....	2	4	6
Over twenty years, .....	1	2	3
Total, .....	169	154	323

TABLE XV.

## AGE WHEN ATTACKED OF THOSE RESTORED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Fifteen to twenty years, .....	5	6	11
Twenty to twenty-five years, .....	5	6	11
Twenty-five to thirty years, .....	6	3	9
Thirty to thirty-five years, .....	7	5	12
Thirty-five to forty years, .....	9	5	14
Forty to forty-five years, .....	2	5	7
Forty-five to fifty years, .....	2	8	10
Fifty to sixty years, .....	2	1	3
Sixty to seventy years, .....	1	2	3
Total, .....	39	41	80

TABLE XVI.

## DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month, .....	21	17	38
One to three months, .....	5	10	15
Three to six months, .....	3	4	7
Six to twelve months, .....	2	5	7
One to two years, .....	4	1	5
Over two years, .....	4	4	8
Total, .....	39	41	80

TABLE XVII.

## DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month, .....	1	1	2
One to two months, .....	6	1	7
Two to three months, .....	3	9	12
Three to four months, .....	3	1	4
Four to five months, .....	2	6	8
Five to six months, .....	5	7	12
Six to nine months, .....	6	7	13
Nine to twelve months, .....	6	6	12
Twelve to eighteen months, .....	5	....	5
Eighteen to twenty-four months, .....	1	2	3
Over two years, .....	1	1	2
Total, .....	39	41	80

TABLE XVIII.

## MENTAL DISEASE OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute, .....	5	4	9
Mania, chronic, .....	....	2	2
Mania, epileptic, .....	1	....	1
Mania, puerperal, .....	....	1	1
Mania, toxic, .....	14	1	15
Mania, recurrent, .....	2	9	11
Melancholia, acute, .....	9	14	23
Melancholia, chronic, .....	2	3	5
Melancholia, stuporous, .....	....	2	2
Adolescent insanity, .....	1	2	3
Pubescent insanity, .....	5	3	8
Total, .....	39	41	80

TABLE XIX.

## AGE AT DEATH.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Twenty to twenty-five years, .....	3	2	5
Twenty-five to thirty years, .....	2	1	3
Thirty to thirty-five years, .....	2	5	7
Thirty-five to forty years, .....	4	1	5
Forty to forty-five years, .....	5	1	6
Forty-five to fifty years, .....	6	6	12
Fifty to sixty years, .....	20	8	28
Sixty to seventy years, .....	14	8	22
Seventy to eighty years, .....	10	9	19
Eighty to ninety years, .....	9	4	13
Total, .....	75	45	120
Average age at death, .....	57½	56½	57

TABLE XX.

## MENTAL DISEASE OF THOSE WHO DIED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute, .....	2	2	4
Mania acute, delirious, .....	1	...	1
Mania, chronic, .....	4	2	6
Mania, epileptic, .....	2	...	2
Mania, recurrent, .....	1	1	2
Melancholia, acute, .....	4	4	8
Melancholia, agitata, .....	...	2	2
Melancholia, chronic, .....	4	3	7
Dementia, epileptic, .....	3	4	7
Dementia, organic, .....	6	2	8
Dementia, paretic, .....	16	2	18
Dementia, senile, .....	13	5	18
Dementia, terminal, .....	13	16	29
Imbecility, .....	...	1	1
Imbecility with epilepsy, .....	2	...	2
Choreic insanity, .....	1	...	1
Pubescent insanity, .....	...	1	1
Paranoia, .....	3	...	3
Total, .....	75	45	120

TABLE XXI.

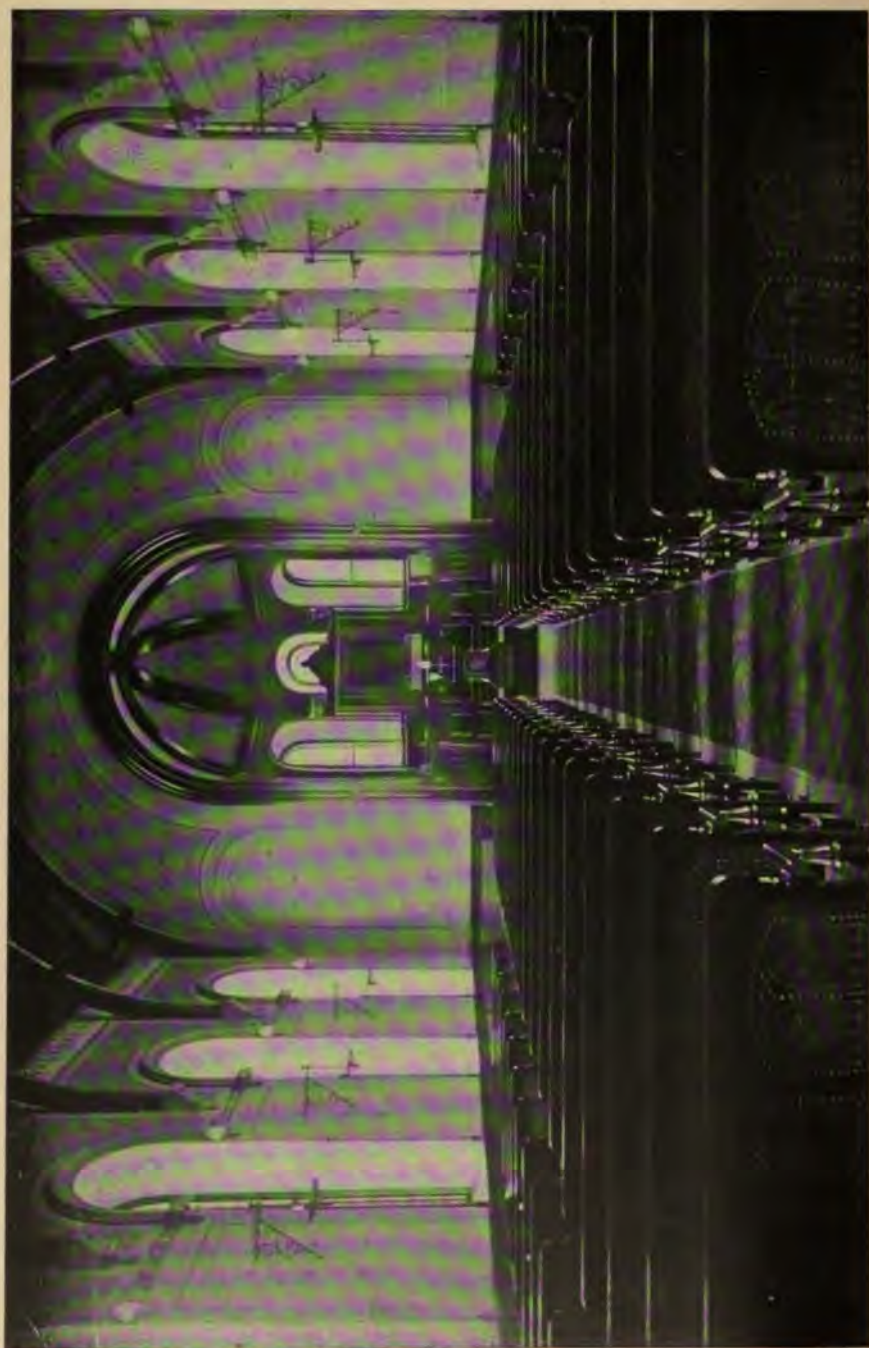
## CAUSES OF DEATH.

CAUSES.	MANIA.		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
<b>Mania—</b>							
Acute, with pneumonia, . . . . .	2	1					3
Acute, with typhoid fever, . . . . .		1					1
Acute delirious, with septi- cæmia, . . . . .	1						1
Chronic, with acute tuberculosis, Chronic, with cerebral embol- ism, . . . . .		1					1
Chronic, with exhaustion, . . . . .	1						1
Chronic, with nephritis, . . . . .	2						2
Chronic, with pulmonary ab- scess, . . . . .	1						1
Epileptic, with exhaustion, . . . . .	2						2
Recurrent, with acute enteritis, . . . . .	1						1
Recurrent, with exhaustion, . . . . .		1					1
<b>Melancholia—</b>							
Acute, with chronic enteritis, . . . . .				1			1
Acute, with endocarditis, . . . . .			1				1
Acute, with exhaustion, . . . . .			1	1			2
Acute, with osteo-myelitis, . . . . .			1				1
Acute, with pneumonia, . . . . .			1	1			2
Acute, with strangulation, . . . . .				1			1
Agitata, with exhaustion, . . . . .				1			1
Agitata, with pulmonary tuber- culosis, . . . . .				1			1
Chronic, with carcinoma of rec- tum, . . . . .				1			1
Chronic, with dysentery, . . . . .			1				1
Chronic, with endocarditis, . . . . .			1				1
Chronic, with exhaustion, . . . . .				1			1
Chronic, with pneumonia hypos- tatic, . . . . .			1				1
Chronic, with pulmonary tuber- culosis, . . . . .			1	1			2
<b>Dementia—</b>							
Epileptic, with cerebral hemor- rhage, . . . . .					1	1	2
Epileptic, with exhaustion, . . . . .						2	2
Epileptic, with perforation of ileum, . . . . .					1		1
Epileptic, with pneumonia, . . . . .					1		1
Epileptic, with status epilepticus, Organic, with cerebral embol- ism, . . . . .						1	1
Organic, with cerebral hemor- rhage, . . . . .						2	2
Organic, with convulsions, . . . . .					1		1



CAUSES.	MANIA.		MELANCHOLIA.		DEMENTIA.		Total.
	Men.	Women.	Men.	Women.	Men.	Women.	
Organic, with exhaustion, . . . . .	1				1		1
Organic, with lateral sclerosis. . . . .	1				1		1
Organic, with pneumonia, . . . . .	1				1		1
Organic, with tabes dorsalis, . . . . .	1				1		1
Paretic, with convulsions, . . . . .					5		5
Paretic, with exhaustion, . . . . .					8	1	9
Paretic, with pneumonia, . . . . .					2		2
Paretic, with pulmonary oedema, . . . . .						1	1
Paretic, with scald, . . . . .					1		1
Senile, with cerebral embolism, . . . . .					1		1
Senile, with cerebral hemor- rhage, . . . . .						1	1
Senile, with convulsions, . . . . .					1		1
Senile, with dysentery, . . . . .					1		1
Senile, with endocarditis, . . . . .						1	1
Senile, with epithelioma, . . . . .						1	1
Senile, with exhaustion, . . . . .					5	1	6
Senile, with nephritis, . . . . .					2	1	3
Senile, with pneumonia, . . . . .					2		2
Senile, with senile gangrene, . . . . .					1		1
Terminal, with acute colitis, . . . . .						1	1
Terminal, with carcinoma, . . . . .						1	1
Terminal, with cerebral hemor- rhage, . . . . .					3	1	4
Terminal, with dysentery, . . . . .						1	1
Terminal, with epithelioma, . . . . .						1	1
Terminal, with enteritis, . . . . .					1		1
Terminal, with exhaustion, . . . . .					1	3	4
Terminal, with endocarditis, . . . . .					3	3	6
Terminal, with nephritis, . . . . .					1	2	3
Terminal, with pneumonia, . . . . .					2	1	3
Terminal, with pulmonary ab- scess, . . . . .						1	1
Terminal, with pulmonary tu- berculosis, . . . . .					1	1	2
Terminal, with senile gangrene, . . . . .					1		1
Imbecility, with dysentery, . . . . .						1	1
Imbecility with epilepsy, with ex- haustion, . . . . .					1		1
Imbecility with epilepsy, with pneumonia, . . . . .					1		1
Choreic insanity, with exhaustion, . . . . .					1		1
Pubescent insanity, with chronic encephalitis, . . . . .						1	1
Paranoia, with cerebral hemor- rhage, . . . . .					2		2
Paranoia, with malignant disease prostate, . . . . .					1		1
Total, . . . . .	10	5	8	9	57	31	120





HOSPITAL CHAPEL.

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

<i>Years.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Increase.</i>
October 31st, 1876, .....	159	183	342	....
October 31st, 1877, .....	216	229	445	103
October 31st, 1878, .....	227	253	480	35
October 31st, 1879, .....	248	279	527	47
October 31st, 1880, .....	277	309	586	59
October 31st, 1881, .....	310	331	641	55
October 31st, 1882, .....	321	346	667	26
October 31st, 1883, .....	330	377	707	40
October 31st, 1884, .....	371	374	745	38
October 31st, 1885, .....	415	414	829	84
October 31st, 1886, .....	415	441	856	27
October 31st, 1887, .....	434	439	873	17
October 31st, 1888, .....	463	441	904	31
October 31st, 1889, .....	427	430	*857	....
October 31st, 1890, .....	450	436	886	29
October 31st, 1891, .....	455	443	898	12
October 31st, 1892, .....	471	478	949	51
October 31st, 1893, .....	509	500	1,009	60
October 31st, 1894, .....	520	530	1,050	41
October 31st, 1895, .....	541	575	1,116	66
October 31st, 1896, .....	538	550	†1,088	....
October 31st, 1897, .....	593	584	1,177	89
October 31st, 1898, .....	618	618	1,236	59
October 31st, 1899, .....	658	644	1,302	66
October 31st, 1900, .....	696	693	1,389	87

---

\*One hundred patients transferred to Essex County Hospital.

†Eighty-five patients transferred to Hudson County Asylum.



## Donations.

---

The Hospital makes grateful acknowledgment of the following contributions and courtesies :

December 7th, 1899, Mason & Hamlin organ, from J. F. Polly, Paterson.

January 6th, 1900, package of magazines, from Mrs. Garra-brandt, Morristown.

July, 1900, an entertainment, from Mr. Frank Lippman, Morristown.

The following is a list of the newspapers which have been sent regularly to the Hospital gratuitously, and are always welcome and appreciated :

The Observer, .....	Hoboken.
The Jersey City News, .....	Jersey City.
The Evening Journal, .....	Jersey City.
The New Jersey Staats Zeitung, .....	Jersey City.
The Evening News, .....	Hoboken.
The Bayonne Budget, .....	Bayonne.
The Kearney Observer, .....	Kearney and Arlington.
Hudson County Review, .....	Town of Union.
Hunterdon County Democrat, .....	Flemington.
Hunterdon Independent, .....	Frenchtown.
The Clinton Democrat, .....	Clinton.
The Lambertville Record, .....	Lambertville.
The Newark Sunday Call, .....	Newark.
Town Talk, .....	Newark.
New Jersey Trade Review, .....	Newark.
New Jersey Deutsche Zeitung, .....	Newark.
Newark Evening News, .....	Newark.
South Orange Bulletin, .....	South Orange.
The Republican, .....	Westfield.
The Railroad Employe, .....	Hoboken.
Daily True American, .....	Trenton.
Union Democrat, .....	Rahway.
Der Hams.Freund, .....	Elizabeth.
Evening Record, .....	Hackensack.
Newark Tribune, .....	Newark.

Newark Pioneer, .....	Newark.
The Bloomfield Record, .....	Bloomfield.
The Bloomfield Citizen, .....	Bloomfield.
The Newark Item, .....	Newark.
The Orange Journal, .....	Orange.
Orange Sontagsblatt, .....	Orange.
The Short Hills Item, .....	Short Hills.
The Advance, .....	Jamesburg.
Southwestern Presbyterian, .....	New Orleans, La.
Paterson Volksfreund, .....	Paterson.
De Telegraaf, .....	Paterson.
Paterson Evening News, .....	Paterson.
Passaic Daily News, .....	Passaic.
Passaic City Record, .....	Passaic.
The Union County Standard, .....	Westfield.
The Westfield Leader, .....	Westfield.
The Constitutionalist, .....	Plainfield.
The Daily Press, .....	Plainfield.
The Summit Herald, .....	Summit.
The Summit Record, .....	Summit.
Elizabeth Daily Journal, .....	Elizabeth.
Union County Record, .....	Elizabeth.
Freie Press, .....	Elizabeth.
The New Jersey Advocate, .....	Rahway.
The Hackensack Republican, .....	Hackensack.
The Bergen County Index, .....	Hackensack.
The Englewood Times, .....	Englewood.
Bergen County Herald, .....	Rutherford.
Carlstadt Freie Press, .....	Carlstadt.
Hunterdon Republican, .....	Flemington.
Democrat-Advertiser, .....	Flemington.
The Milford Leader, .....	Milford.
The Frenchtown Star, .....	Frenchtown.
The Morris County Chronicle, .....	Morristown.
The True Democratic Banner, .....	Morristown.
The Evening Express, .....	Morristown.
The Jerseyman, .....	Morristown.
Tre Iron Era, .....	Dover.
The Dover Index, .....	Dover.
The Morris Journal, .....	Dover.
The Madison Eagle, .....	Madison.
The Rockaway Record, .....	Rockaway.
The Boonton Weekly Journal, .....	Boonton.
The New Jersey Herald, .....	Newton.
The Post, .....	Phillipsburg.
The Warren Democrat, .....	Phillipsburg.
The Warren Republican, .....	Hackettstown.
The Warren Journal, .....	Belvidere.
The Warren Tidings, .....	Washington.

## NEW JERSEY STATE HOSPITAL.

45

The Washington Star, ..... Washington.  
The Morning Call, ..... Paterson.  
The Paterson Daily Press, ..... Paterson.  
Paterson Daily Guardian, ..... Paterson.





---

---

**REPORT OF**  
**Thomas P. Prout, M. D., Resident Pathologist.**

---

---

(47)







DAIRY BARN.

# Report in Pathology.

*To the Medical Director:*

There have been ten autopsies during the past year, comprising the following forms of mental disease :

Dementia, epileptic, .....	2
Dementia, paretic, .....	2
Dementia, terminal, .....	2
Insanity of pubescence, .....	1
Mania, epileptic, .....	1
Melancholia, chronic, .....	2

The average age at death was about 46 years. The average duration of mental disease was about 11 years, the extremes being seven months and twenty-five years. As regards sex, six were females and four were males. The chief facts are found in the following tables :

TABLE I.

No.	Sex	Age	Mental Disease.	Duration.	Anatomical Diagnosis.
255	F.	33	Dementia, paretic, ....	1 year, ...	Chronic meningo-encephalitis. Chronic pleuritis. Chronic diffuse nephritis.
256	F.	40	Dementia, epileptic. ..	11 years, ..	Aneurism of right communicating artery. Chronic endarteritis. Cerebral hemorrhage.
257	M.	57	Dementia, epileptic, ..	21 years, ..	Chronic meningo-encephalitis. Fatty degeneration of liver. Perforation of ileum. Acute peritonitis.
258	F.	21	Insanity of pubescence, .....	7 years, ..	Chronic meningo-encephalitis. Fatty infiltration of heart. Fatty degeneration of liver.

4 M P

(49)

<i>No.</i>	<i>Sex.</i>	<i>Age.</i>	<i>Mental Disease.</i>	<i>Duration.</i>	<i>Anatomical Diagnosis.</i>
259	M.	43	Dementia, terminal, . .	11 years. .	Chronic endocarditis. Passive hepatic congestion. Tubercular disease of kidneys. Chronic tubercular cystitis. Chronic pulmonary tuberculosis.
260	M.	65	Melancholia, chronic. .	4 years. .	Chronic interstitial hepatitis. Chronic endocarditis.
261	M.	60	Mania, epileptic, . . . .	25 years. .	Chronic pleuritis. Chronic endocarditis. Fatty infiltration of heart. Pulmonary tuberculosis.
262	F.	45	Dementia, paretic, . . . .	1 year. . .	Acute pulmonary œdema. Fatty degeneration of liver. Fatty infiltration of heart. Chronic interstitial nephritis.
263	F.	47	Melancholia, chronic. .	7 years. .	Pulmonary tuberculosis. Tubercular pleuritis. Chronic gastritis. Chronic parenchymatous nephritis.
264	F.	54	Dementia, terminal, . .	25 years. .	Chronic cystitis. External pachymeningitis (hemorrhagic). Acute leptomenigitis. Chronic endocarditis. Chronic interstitial nephritis.

TABLE II.

No.	GROSS LESIONS OF ORGANS.	<i>Brain Membranes.</i>	<i>Brain.</i>
<i>Dementia, parctic.</i>			
255	<p>Lungs—Congested and œdematous. Pleural surfaces adherent. Right, completely collapsed and carnified. Pus cavities in some portions.</p> <p>Heart—Small and flabby. Antemortem clot in aortic orifice. Right heart fatty.</p> <p>Liver—Small and slightly fatty. Mucus in gall bladder. Stones in gall duct and gall bladder.</p> <p>Kidneys—Capsule adherent. Cortex thin. Striations and malpighian tufts poorly defined.</p> <p>Spleen—Small and of increased consistence.</p>	<p>Dura congested and adherent.</p> <p>Pia œdematous and opaque.</p>	<p>Cerebro-spinal fluid in excess. Sinuses contain some post-mortem clots. Substance congested.</p>
262	<p>Lungs—Hypostatic posteriorly and very œdematous.</p> <p>Heart—Right side fatty. Antemortem clot in right ventricle.</p> <p>Liver—Edges blunt. Substance very fatty.</p> <p>Spleen—Substance very flabby.</p> <p>Kidneys—Capsule very adherent. Cortex thin. Striations and malpighian tufts poorly defined. Substance of increased consistence.</p>	<p>Pia congested and œdematous.</p>	<p>Congested. Cortex thin. Convolutions atrophied.</p>
<i>Dementia, epileptic.</i>			
256	<p>Heart—Small and flabby. Antemortem clot in left ventricle. Mitral valve thickened.</p> <p>Liver—Presents some fatty areas.</p> <p>Kidneys—Capsule adherent. Cortex thin. Striations poorly defined.</p>	<p>Dura thickened and congested.</p> <p>Pia thickened in some portions.</p>	<p>Convolutions flattened. Blood clot in right ventricle. Aneurism of right posterior communicating artery. Substance of diminished consistence and congested.</p>
257	<p>Lungs—Both slightly congested posteriorly. An old cicatrix at apex of right lung.</p> <p>Heart—Aortic valve somewhat calcareous.</p> <p>Spleen—Very flabby. Substance of diminished consistence.</p> <p>Kidneys—Cortex thin. Malpighian tufts indistinct.</p> <p>Intestine—Ileum ulcerated and perforated. Peritoneum dull and covered with exudate. Fluid in peritoneal cavity.</p>	<p>Dura thickened and congested.</p> <p>Pia thickened opaque and œdematous.</p>	<p>Cortex thin. Convolutions atrophied. Substance of diminished consistence.</p>



No.	GROSS LESIONS OF ORGANS.	<i>Brain Membranes.</i>	<i>Brain.</i>
	<i>Dementia, terminal.</i>		
259	Lungs—Pleural surfaces adherent. Tubercular nodules in both apices. Glands at root of lung greatly enlarged. Heart—Large. Right heart fatty and flabby. Antemortem clot in left vertricle and right auricle. Mitral valve thickened. Liver—Edges sharp. Capsule thickened. Substance congested. Spleen—Small. Substance of increased consistence. Capsule thickened. Kidneys—Capsule thickened and adherent. Surface roughened. Abscess in substance. Ureter congested and dilated. Wall thickened. Mucous lining congested and ulcerated.		Not examined.
264	Lungs—Old tubercular scars in apex. Slight pleural adhesions. Heart—Aortic and mitral valves thickened. Spleen—Small. Capsule thickened. Substance of greatly increased consistence. Kidneys—Small. Capsule thickened. Surface roughened. Cortex thin. Striations obliterated. Malpighian tufts few and poorly defined.	Dura thickened. Hemorrhagic membrane externally. Pia thickened, congested and slightly adherent.	Convulsions atrophied. Cortex thin. Substance congested.
	<i>Insanity of Pubescence.</i>		
258	Lungs—Pleural surfaces adherent. Hypostatic consolidation posteriorly. Heart—Right, extremely fatty. Mitral valve thickened. Liver—Large. Presents some fatty areas. Spleen—Substance of increased consistence. Capsule thickened. Spinal cord—Lamina of second dorsal vertebra very large. Dura of cord congested but non-adherent.	Dura thickened. Pia very oedematous and opaque.	Substance of increased consistence. Cortex thin. Convulsions atrophied. Cyst in anterior portion of caudate nucleus.

No.	GROSS LESIONS OF ORGANS.	<i>Brain Membranes.</i>	<i>Brain.</i>
	<i>Melancholia, chronic.</i>		
260	Lungs—Emphysematous. Old tubercles in apex. Pleural surfaces very adherent. Heart—Aortic and pulmonic valves thickened and calcareous. Walls fatty. Kidneys—Small. Surface roughened. Capsule adherent. Cortex thin. Liver—Small. Surface roughened. Capsule thickened. Substance of increased consistence. Spleen—Lobulated. Capsule thickened. Substance of increased consistence.	Dura thickened. Pia slightly adherent and oedematous.	Substance congested. Vessels at the base atheromatous.
263	Lungs—Pleural surfaces adherent and present miliary nodules. Tubercular nodules in substance of lungs. Heart—Small. Muscle very flabby. Mitral and tricuspid valves thickened. Right heart fatty. Liver—Small. Edges sharp. Lobules poorly defined. Kidneys—Large. Capsule very adherent. Cortex thickened. Striations poorly defined. Malpighian tufts few and poorly defined. Pelvis congestion. Bladder—Greatly dilated. Wall thin. Mucous lining thickened in some portions and greatly congested.		Not examined.
	<i>Mania, epileptic.</i>		
261	Lungs—Old tubercular scars at apices. Hypostatic congestion posteriorly. Heart—Muscle soft, flabby and fatty. Mitral valve thickened. Spleen—Lobulated. Capsule thickened. Kidneys—Capsule adherent. Cortex thickened and mottled. Striations poorly defined.	Pia opaque, thickened and congested.	Cortex slightly thinned. Convulsions very coarse.

In eight of the autopsies the kidneys presented a gross anatomical lesion, making the percentage showing gross kidney lesions therefore 80, quite the highest yet recorded. By reproducing last

year's table regarding this point, and making the necessary additions to it for the past year, the percentage of cases showing gross kidney lesions by ages for the past six years appears as follows :

				<i>Per cent.</i>
<i>Age.</i>	<i>No.</i>	<i>Showing Gross Kidney Lesion.</i>	<i>Without Gross. Kidney Lesion.</i>	<i>Showing Gross Kidney Lesion.</i>
Below 30, . . . . .	18	7	11	38.8
30 to 40, . . . . .	20	12	8	60.0
40 to 50, . . . . .	30	23	7	76.6
50 to 60, . . . . .	22	14	8	63.6
60 and over, . . .	38	31	7	81.6
Total, . . . 128		87	41	67.9

The percentages are, for the most part, a little higher than in last year's table. It will be noted that there have been four additions to the table of cases between the ages of 40 and 50, and all of these showed gross kidney lesions, bringing the percentage up to 76.6. Two of these were cases of paresis. We now have a total of 17 cases of paresis, in fifteen of which a gross kidney lesion was found at autopsy (88.2 per cent.).

The routine work of the laboratory comprises (besides the gross and microscopical examination of the central nervous system and other internal organs) urinalyses, sputum examinations, blood examinations and other laboratory procedures. About 360 urinalyses have been made during the past year. In almost every instance this comprised also a microscopical examination of the sediment. About 44 blood examinations have been made. In most instances this comprised also a differential count of 500 leucocytes. The Widal test has been done about 27 times. A positive reaction was obtained in seven cases of typhoid fever.

The gross lesions found in the skull and membranes in three cases of epileptic dementia and mania suggested that an examination of the records might bring together a number of facts of some interest. The facts regarding the gross lesions occurring in the brain and membranes in 14 cases of epileptic insanity are comprised in the following table :

<i>No.</i>	<i>Age.</i>	<i>Duration.</i>	<i>Condition of Skull.</i>	<i>Condition of Membranes.</i>
99	26 years.	22 years.	Thickened, dense and heavy.	Dura thickened Pia opaque and œdematous.
105	45 years.	15 years.	Thickened.	Pia œdematous and opaque.
116	30 years.	9 years.	Thickened, but light and porous.	Dura thickened. Pia œdematous and opaque.
125	50 years.	5 years.	Thickened.	Dura adherent to skull and thickened. Pia opaque and adherent.
146	52 years.	21 years.	Thickened and dense.	Dura adherent to skull and thickened. Pia congested and adherent to brain.
159	22 years.	7 years.	Thick and dense.	Dura thickened. Pia congested and adherent.
163	40 years.	37 years.	Thick, dense and heavy.	Dura thickened and congested. Pia congested and œdematous.
182	41 years.	11 years.	Thick, dense and heavy.	Dura adherent and contains calcareous deposits. Pia congested and œdematous.
185	62 years.	15 years.	Very dense and heavy.	Dura adherent to skull. Pia thickened and œdematous.
188	56 years.	6 years.	Exostoses on inner table. Thick, dense and heavy.	Dura adherent to skull and thickened. Pia thickened œdematous and adherent.
206	58 years.	17 years.	Normal.	Dura adherent to skull and thickened. Pia greatly congested.
252	25 years.	25 years.	Exostoses on inner table. Thick, dense and heavy.	Dura congested and thickened. Pia thickened, œdematous and congested.
256	40 years.	11 years.	Thick, dense and heavy.	Dura congested. Pia thickened.
257	57 years.	21 years.	Thick, dense and heavy.	Dura thickened and congested. Pia thickened, congested and œdematous.

The most striking fact here presented is the uniformity of the lesion found in the skull. As will be seen, the same uniformity cannot be said to exist regarding the membranes although a thickened and adherent dura and a congested and œdematous pia may be said to be very constant.

In four of the cases coming to autopsy during the past year the permission for the autopsy was so long deferred as to preclude the possibility of a minute examination of the brain with any degree of accuracy. In the present state of our knowledge it may be stated as axiomatic that any brain material procured when six hours has elapsed after death is unreliable for scientific purposes, and its unreliability increases very rapidly with the lapse of time.

Atmospheric conditions also influence brain material very decidedly, and it is pretty safe to disregard any statements regarding the minute changes in nervous tissue when the autopsy has been deferred for any considerable period after death. Post mortem changes cannot be accurately differentiated from lesions produced by disease. If we would be accurate, therefore, it is necessary that our material be perfectly fresh and procured within less than six hours after death.

I have appended to this report some further observations regarding the minute pathological findings in a case of paresis. It may here be noted in a general way that these observations are corroborative of the notes published a year ago. We then especially called attention to the degenerative changes in the nerve cells of the cortex, resulting in the ultimate disappearance of large numbers of them. The notes published herewith call especial attention to the invasion of the cortex with leucocytes and the role that they probably play in the disease process, together with the neroglia overgrowth and its relative significance.



## EXPLANATION OF PLATE

---

**FIG. 1.** Five mononuclear leucocytes about a degenerated nerve cell.

**FIG. 2.** Three mononuclear leucocytes adjacent to a nerve cell. The cell is less degenerated than in Fig. 1.

The above drawings were made with Zeiss Ocular No. 3 and Obj. oil immersion 1-12.

**FIG. 3.** Neuroglia overgrowth in outer cortical layer. Two small vessels are represented in the drawing. The increase in the neuroglia nuclei and fibers is apparent.

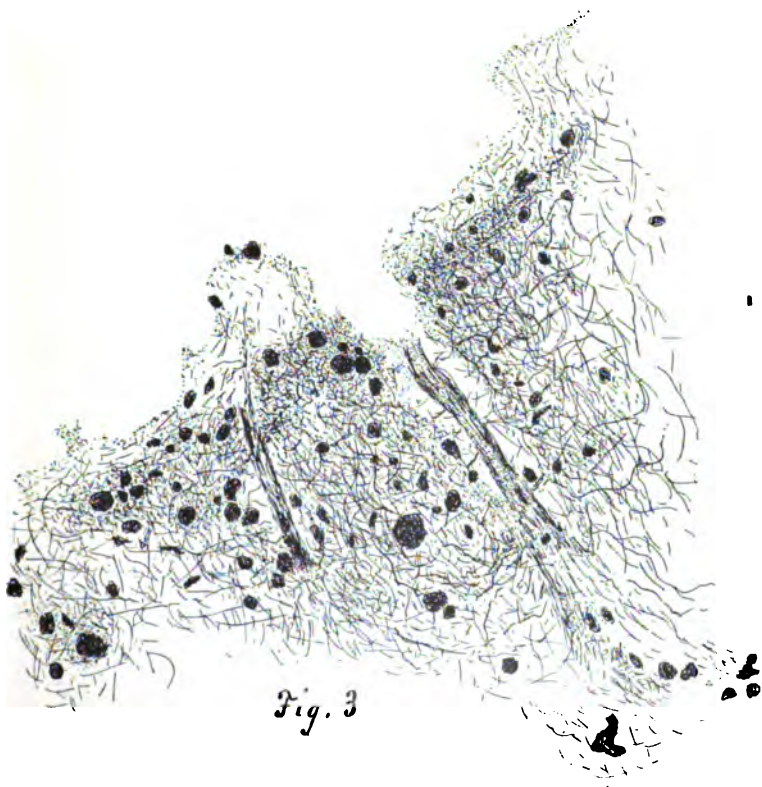
The drawing was made with Zeiss Ocular No. 1. Obj. DD. All outlines made by aid of Abbe camera lucida.



*Fig. 1*



*Fig. 2*



*Fig. 3*





**Notes on the Invasion of the Cortex with Leucocytes in Paresis.**

---

In our notes on paresis a year ago we demonstrated the destructive process in operation in the cell units of the cortex, and as corroborative evidence of cell destruction called attention to the diminution in the number of the cells in certain portions of the cortex. The degenerative changes were of such character as to presuppose the disappearance of the cell units from the cortex, and when compared with normal material the disappearance of certain of the cell units was clearly demonstrated. The lesions in the paretic brain show especial predilection for the motor areas of the cortex, and in the present case it is this portion of the cortex that has been especially examined.

The brain material was procured one hour after death. The sections were stained after Nissl and Robertson. The material was fixed and hardened in absolute alcohol and formaline respectively. If in paresis we have to deal with a destructive process in the nerve cell units of the cortex, the sequential invasion of the cortex with leucocytes is almost a foregone conclusion. We shall further expect to find the leucocytes most numerous in those portions of the cortex where the disease is most active.

The facts presented by an examination of the sections in this case are these: We find the cortex invaded with leucocytes. These leucocytes are not evenly distributed through the individual sections of the motor cortex, but in those sections where the disease process is most pronounced do we find the leucocytes most numerous. Furthermore, the leucocytes are not evenly distributed through a given section, but are found in clumps in certain areas and in the neighborhood of certain degenerated cells.

In this case the invasion of the cortex with leucocytes was most pronounced in the right paracentral lobule, a portion of the motor cortex that showed most marked gross changes. Figures 1 and 2 are illustrative of the cortical invasion with leucocytes. The cells are seen to be covered with the leucocytes, in one instance the cell itself being greatly degenerated, and in the other instance the

leucocytes are still at the periphery of a cell in which the degenerative process is not so far advanced. All stages of this condition are found in the cortex. It seems, however, to occur in its most pronounced type only in certain limited and fairly well circumscribed areas. In some instances where the degeneration of the cell is most pronounced the leucocytes have distorted the cell remnants, and they appear as greatly misshapen masses of debris.

The variety of leucocytes present is, with very few exceptions, the mononuclear cell, a cell with marked phagocytic properties. Only an occasional polynuclear cell is found.

In connection with the degeneration and disappearance of the cells of the cortex it will be well to note the neuroglia overgrowth. Figure 3 represents this. The drawing represents a portion of the outer cortical layer; the nuclei represented are, therefore, all of them neuroglia nuclei. Attention is called to the great increase in the number of these, the great variability in size and shape and the tendency to occur in clumps. In this case the neuroglia overgrowth often extends deeply into the second cortical layer. The neuroglia proliferation is especially marked in the neighborhood of a vessel. Two small vessels are seen in the drawing.

We have in paresis then, a destructive process involving the individual cell elements of the cortex, more particularly the cells of the second layer. Large numbers of the nerve cell units ultimately disappear from the cortex.

The invasion of the cortex with leucocytes is one of the first sequences of nerve cell degeneration. Their mission is probably that of phagocytes, the removal of the nerve cell debris and toxic products, and they occur in greatest numbers where the disease appears most active.

The active proliferation of the neuroglia is a more remote sequence of the destructive process. Inasmuch as a nerve cell when destroyed is never replaced, the place of the nerve cell must be taken by cells capable of proliferation, hence the neuroglia overgrowth.

---

---

## **TREASURER'S REPORT.**

---

---

(59)



# Treasurer's Report.

*To the Managers of the New Jersey State Hospital at Morris Plains, N. J.:*

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1899, to October 31st, 1900, inclusive.

## RECEIPTS.

Balance on hand November 1st, 1899,.....		\$13,169 14
From State Treasurer for convict patients,.....	\$15,000 00	
From State Treasurer for county patients,.....	50,000 00	
From State Treasurer for State indigent patients...	15,000 00	
From sundry counties for maintenance of county patients. ....	172,008 56	
From private patients.....	64,393 51	
From hides, tallow, &c.....	14,311 61	
From First National Bank, Morristown, N. J., for interest, .....	119 51	
From voucher No. 779, returned and canceled,.....	31 55	
		330,864 74
		\$344,033 88

## DISBURSEMENTS.

On orders of Warden,.....	\$338,539 50	
Balance in Treasurer's hands,.....	5,494 38	
		\$344,033 88

G. C. HINCHMAN,

*Treasurer.*

The New Jersey State Hospital at Morris Plains, N. J., November 8th, 1900. We hereby certify that we have examined the Treasurer's accounts, and compared the same with his books and vouchers, and find them in accordance with the above statement, and correctly stated and balanced.

JOHN C. EISELE,  
JAMES W. SMITH,  
PATRICK FARRELLY,  
*Auditing Committee.*

## NEW JERSEY STATE HOSPITAL.

## RECAPITULATION.

*State Treasurer—Convict Patients.*

First quarter,.....	\$4,035 71	
Second quarter,.....	4,186 43	
Third quarter,.....	4,295 00	
Fourth quarter,.....	2,482 86	
	<hr/>	\$15,000 00

*State Treasurer—County Patients.*

First quarter,.....	\$12,974 14	
Second quarter,.....	13,191 86	
Third quarter,.....	13,291 57	
Fourth quarter,.....	10,542 43	
	<hr/>	50,000 00

*State Treasurer—State Indigent Patients.*

First quarter,.....	\$3,994 51
Second quarter,.....	3,739 51
Third quarter,.....	5,581 59
Fourth quarter,.....	1,684 39

*County Collectors.*

First quarter,.....	\$52,633 16	
Second quarter,.....	27,944 88	
Third quarter,.....	56,876 53	
Fourth quarter,.....	34,553 99	
	<hr/>	172,008 56

*Private Patients.*

First quarter,.....	\$17,323 75	
Second quarter,.....	13,362 18	
Third quarter,.....	18,806 28	
Fourth quarter,.....	14,901 30	
	<hr/>	64,393 51

*Hides, Tallow, &c.*

First quarter,.....	\$4,264 88	
Second quarter,.....	2,817 56	
Third quarter,.....	3,153 79	
Fourth quarter,.....	4,075 38	
	<hr/>	14,311 61

*Interest.*

First quarter.....	\$26 87	
Third quarter.....	92 64	
	<hr/>	119 51
Voucher No. 779, issued July 24th, 1900, which has been canceled, .....		31 55
		<hr/>
		\$330,864 74

*Orders Paid.*

First quarter.....	\$80,498 02	
Second quarter.....	87,164 61	
Third quarter.....	89,989 32	
Fourth quarter,.....	80,887 55	
	<hr/>	\$338,539 50









ICE POND. SHOWING NEW BUILDING ON THE RIGHT.

---

---

## WARDEN'S REPORT.

---

---

(65)



# Warden's Report.

*To the Board of Managers of the New Jersey State Hospital at Morris Plains:*

GENTLEMEN—The annual report of my department for the year 1900, with the abstract of accounts, is herewith submitted.

The receipts and disbursements for the year have been as follows:

Balance on hand November 1st, 1899,.....	\$13,169 14	
Receipts from November 1st, 1899, to November 1st, 1900, .....	330,864 74	\$344,033 88
Total disbursements from November 1st, 1899, to November 1st, 1900, .....	338,539 50	
Cash balance on hand November 1st, 1900,.....	\$5,494 38	

## FARM AND GARDEN.

The products of the farm and garden have been very satisfactory. A good sum has been realized from hogs this past year, four thousand and ninety-one dollars and ninety-eight cents' worth of stock being sold from the pens.

The milk average for the year has not been quite as high as the previous year. This was due to the extreme hot and dry season we have just passed through. The quantity of milk has been increased to keep pace with the population of the house, and this year amounted to 273,717 quarts (average number of cows milked, 68; average per cow, 11 quarts per day). This, at four cents per quart, gives a value of ten thousand nine hundred and forty-eight dollars and sixty-eight cents (\$10,948.68). The value of other farm products was nine thousand two hundred and twenty-four dollars and fourteen cents (\$9,224.14).

The stock from the farm consumed or sold during the year was :

3,880 pounds of veal (27 calves), at 10 cents.....	\$388 00	
700 chickens, at 50 cents.....	350 00	
56 cows slaughtered, dressed 33,275 pounds, at 8½ cents, .....	2,828 38	
Amount received for hogs sold.....	4,091 98	
	<hr/>	\$7,658 36

The supply of vegetables from the garden has been quite bountiful, with the exception of potatoes, which suffered severely from the drought.

The total of garden products was thirteen thousand three hundred and thirty-two dollars (\$13,332.00). Much of the labor in the garden is done by the patients. They also assist in the farm and greenhouse work. A very large part of the grading improvements is due to their assistance.

#### GREENHOUSE.

All the decorative plants used on the property are grown in the greenhouse. A nursery for hardy plants, shrubbery and trees has been started. It is intended to use these in beautifying the grounds about the new building as well as to continue the planting on the lawns of the old building.

#### RESERVOIRS.

The new reservoir has been completed. The unparalleled dry summer and fall has shown that even with the increased storage of the new reservoir, which is about six million gallons, a duplicate of the season and the necessary amount of water needed to supply the new building would tax the water supply to its utmost capacity, and, perhaps, would find it deficient.

It will be remembered that at the time the new reservoir was contemplated a storage of about twenty-five million gallons was considered. Owing to the porous character of the bottom of the

ravine this had to be abandoned. At a point about 1500 feet further up the ravine the conditions are entirely different. Here is a clay bottom, where there would be no difficulty to make a good storage. The grade of the ravine is but slight at this point, and a large body of water could be held back with a comparatively small cost.

At the time the last report was written the enlarging and improving of the ice-house reservoir was to include sand filters. On looking the ground over more carefully a drainage plan was adopted.

Nearly all the water of the stream had its origin from springs on the hospital property. Part of these were previously connected by drains. This system is about completed, and now includes about two miles of under-drains. The water from these are carried directly to the ice-pond reservoir by pipe, and supply it with the best of water. This method has not only given a fine water supply, but has also drained the ground, a large part of which has been put under cultivation. Part of the under-drains are in the wooded tract. This part has been dried and cleared up. A road has been built through the woods. This gives increased recreation grounds.

The ice-pond originally held about two and one-half million gallons. The capacity has been increased to about ten million. It has been necessary to economize in the use of water during the past year. Even with this the amount stored has fallen from about 26,500,000 gallons to about 3,500,000 gallons.

The following is an analysis taken of the water taken from a faucet in the house, and shows it to be pure:

HOBOKEN, N. J., Oct. 17th, 1900.

*My dear Dr. Stillman—*

Repeated tests for the presence of the Colon Bacillus and the Bacillus enteritidis sporogenes shows a *negative* result.

The sample is safe and pure from a bacteriological standpoint.

Yours truly,

ALBERT R. LEEDS.

Sample of water marked—"N. J. State Hospital, Morris Plains."



HOBOKEN, N. J., Oct. 10th. 1900.

*M. K. Everitt, Esq., Morris Plains, N. J.:*

DEAR SIR—The sample of drinking water received from you October 2d. and marked "New Jersey State Hospital," has been analyzed by me, with the following result:

Total Residue, .....	68.0	parts	per	million.
Inorganic matter in residue, .....	58.8	"	"	"
Organic " " " .....	9.2	"	"	"
Amount of chlorine, calculated as NaCl, .....	12.0	"	"	"
Free Ammonia, .....	0.072	part	"	"
Albuminoid Ammonia, .....	0.091	"	"	"
Nitrates as No. 3, .....	4.40	"	"	"
Nitrites No. 2, .....	None.			
Required Oxygen, .....	1.10	"	"	"

This is a good water for drinking purposes.

Respectfully yours,

THOS. B. STILLMAN.

#### RAILROAD.

During the past year the Hospital has assumed the care of its railroad. This was formerly kept in repair by the D. L. & W. R. R. Company, at the expense of the Hospital. Three thousand new ties have been laid within the past two years. These were cut from chestnut on the property. An employee has charge of the track. He, with the assistance of four patients, keeps it in good repair.

#### ASH ELEVATOR.

In the rear of the shops, midway between the two boiler plants, has been erected a building containing an ash-bin and elevator. Previously all the ashes had to be handled three times by hand before they were loaded ready to be carted away. Now they are taken from the fires to the hopper of the elevator, where the handling by hand ceases. The bin holds several days' output of ashes. This avoids the continual carting which was formerly necessary.

#### SEWAGE DISPOSAL SYSTEM.

The sub-soil system of sewage disposal, which has been in use since 1888, was in need of repairs. Many of the pipes had become

clogged. In order to properly care for the sewage, the old sewage beds, which are a part of the same system, have been enlarged and put in proper condition by removing the soil and ploughing them deeply. A new bed was made. The total area of the five beds is about four acres. This ground is a loose gravel to the depth of about twenty feet. Pipes were laid to the center of each bed in order that the water would flow evenly over all parts. By using these beds alternately excellent results have been obtained. Accompanying this report is a letter of Dr. J. L. Leal, of the East Jersey Water Company, in whose interests he visited the sewage system of the Hospital.

PATERSON, N. J., June 25th, 1900.

*Hon. M. K. Everitt:*

DEAR SIR—On June 22d, last, I took two samples of water from brook where it crosses road above upper pond (and therefore above the point at which it receives the effluent of your sewage beds) two samples of effluent from sewage beds, and two samples from brook below mill (and therefore below the point at which it receives effluent from sewage beds). These samples were placed in ice, plated upon gelatine within five hours, kept for three days in ice-box, and examined with following results:

*Brook Above.*

Average number of colonies per c. c., ..... 2,395

*Effluent.*

Average number of colonies per c. c., ..... 880

*Brook Below.*

Average number of colonies per c. c., ..... 995

These results show that at the time of my visit at least your sewage disposal system was doing excellent work, and if you, by the necessary supervision and care, can keep it at the same point, certainly no more can be asked.

The fact that the water is better below than above is due to the process of sedimentation taking place in the two ponds.

I am indebted to you for the courtesy shown me Friday and on other occasions.

Truly yours,

J. L. LEAL.

NEW BOILER PLANT.

The new boiler plant has, I think, sufficient capacity to heat both houses, except, perhaps, in very cold weather, when a part of

the old plant can also be used. This will make it possible to remove half or more of the old boiler plant. This space of about 40 x 40 feet would make a good room for an electrical plant. The small boiler, which was formerly used to furnish steam for the laundry, has been moved to the gas-house, where it is intended to move the pumping station, which is now at the ice pond. This arrangement will dispense with the running of one boiler and save the carting of coke from the gas-house to the pump-house. It will also economize in labor of running the pump.

#### GAS-HOUSE.

Extensive improvements have been made at the gas-house. The old tar-well, from which all the tar had to be pumped, has been replaced by one ten times as large, and so built that the tar is drawn out by gravity. Runways have been made so that the tar after it is barreled can be stored and loaded much easier than formerly.

#### PLUMBING.

The appropriation of \$18,000.00 made by the last Legislature for the new plumbing of the Fourth Wings and Sections has made it possible to complete the replumbing of the wards of the old building. The old plumbing was badly worn. The new plumbing is of the best, and the workmanship is first-class. The marked advance in plumbing within the last few years has brought improvements in sanitary conditions that are greatly appreciated in institutions of this character.

#### NEW BUILDING.

The new building is nearly completed. Many aggravating delays have occurred, mainly on account of the delivery of structural iron. The work has been well done, and the building will reflect credit to both the builders and the State.





GREENHOUSE.

The furniture for the new building, for which \$20,000.00 was appropriated two years ago, and which was available this year, has been purchased. The equipment includes two Excelsior dish-washing machines. These have a capacity of 2,000 pieces per hour. It is anticipated that their use will be a great saving in labor and breakage, and that they will pay for themselves many times over.

The storm water from the new building is carried to the stream on either side of the property. The sewage is carried by 2-6" pipes through the tunnel to the beginning of the main sewers of the old building. The pipes are so arranged that the system is duplicated, and in case of trouble can be changed from either pipe to the south or north main sewers. Two new suction fans have been placed in the smokestack. These draw the air from the traps of both buildings.

#### TUNNEL.

The new tunnel is about completed. It is fitted with a cable-road, the track of which is laid and the machinery in position. In order to make a proper terminal of the road one of the old engines had to be moved. This change makes a continuous passageway from the front center of this building to the new building, a distance of about 1400 feet.

#### ANNUAL APPRAISEMENT.

The annual inventory and appraisement was taken as usual. Mr. Eugene S. Burke, of Morristown, and Mr. D. M. Merchant, of Morris Plains, were appointed to assist in this work, and we are indebted to them for their valuable services. The appraisement amounted to one hundred and ninety-six thousand four hundred and sixty-four dollars and sixty-six cents (\$196,464.66).

#### REQUIREMENTS.

The following is an approximate estimate of the amounts of money required from the State for the subjects herein mentioned for the fiscal year ending October 31st, 1902:

For the annual appraisement.....	\$75 00	
For the salaries of resident officers.....	14,600 00	
For the maintenance of county patients based on an average of 1130 county patients for the year.....	58,760 00	
For the support and clothing of insane convict patients, based on an average of 70 convict patients for the year—		
Board, .....	\$18,200 00	
Clothing, .....	1,120 00	
	<hr/>	19,320 00
For the support and clothing of State indigent patients, based on an average of 150 State indigent patients for the year—		
Board, .....	\$23,400 00	
Clothing, .....	2,400 00	
	<hr/>	25,800 00

Respectfully submitted

M. K. EVERITT, *Warden*.

New Jersey State Hospital at Morris Plains, October 31st, 1900.

## Abstract of Accounts.

For the Fiscal Year Ending October 31st, 1900.

G. C. HINCHMAN, *Treasurer.*

Dr.	
To balance, October 31st, 1899.....	\$13,169 14
To amount received for board, clothing and incidental expenses of county patients.....	172,008 56
To amount received for board, clothing and incidental expenses of private patients.....	64,393 51
To amount received from State Treasurer for county patients. ....	50,000 00
To amount received from State Treasurer for convict patients.....	15,000 00
To amount received from State Treasurer for State indigent patients.....	15,000 00
To amount received for hides, tallow, etc.....	7,990 21
To amount received for sundries, rags, etc.....	2,152 97
To amount received for hogs and pigs.....	4,091 98
To amount received for rents.....	108 00
To amount received for interest.....	119 51
	\$344,033 88

Cr.	
Amusements. ....	\$1,119 83
Books and stationery, ....	1,411 45
Bedding, linen, &c.,.....	9,161 86
Clerical services.....	372 00
Clothing. ....	12,969 27
Crockery and cutlery.....	1,409 28
Counsel fees. ....	172 95
Farm, ....	13,687 46
Flour, ....	6,134 75
Dairy, includes stock, feed, labor.....	8,557 15
Greenhouse. ....	982 89
Fruit, ....	2,355 68
Freight and train service.....	6,583 00
Furniture, carpets, &c.,.....	3,719 17
Fuel, ....	17,285 86
Funeral expenses.....	1,463 00



New building to cover deficiency,.....	7,383	50
Garden, .....	4,550	90
Enlarging and improving ice-pond,.....	5,693	97
Railroad repairs,.....	370	28
Hay and straw,.....	60	85
Fire apparatus,.....	300	00
Improvement to farm land, .....	3,071	88
Grounds, .....	584	87
Engineer's services, tunnel and new reservoir,.....	727	30
Harness, wagons, &c.....	1,199	02
Household goods, .....	2,432	24
Improvement of buildings,.....	7,580	76
Insurance, .....	1,353	15
Incidentals, .....	4,371	74
Laundry, .....	6,749	88
Light, .....	7,064	23
Medical supplies,.....	6,078	22
Medical library,.....	272	83
Newspapers, .....	22	50
Enlarging and improving sewage filter beds, .....	958	39
Provisions and groceries,.....	107,981	05
Postage, .....	697	08
Cleaning and improvement to reservoir,.....	865	18
Pathological, .....	104	52
Refunding, .....	1,803	99
Repairs, .....	18,919	88
Smith and wheelwright,.....	1,350	44
Tinware and fixtures,.....	1,208	30
Tools and supplies, boiler-house and machine-shop...	276	69
Telegrams, telephone rental, etc.....	1,196	63
Vegetables, .....	721	00
Wages, .....	55,202	54
		<hr/>
		\$338,539 50
Balance in hands of Treasurer,.....		\$5,494 38

#### Account of Fruit and Vegetables Canned.

Tomatoes, gallons, .....	3,484
Peaches, gallons, .....	512
Other fruits, gallons, .....	82

#### Return of Work Done in the Sewing Room for the Year Ending October 31st, 1900.

Single sheets, .....	3 261
Double sheets, .....	94
Pillow cases, .....	2,648
Bolster cases, .....	45
Hand towels, .....	3,589

# NEW JERSEY STATE HOSPITAL.

77

Roller towels, .....	804
Dish towels, .....	1,410
Table cloths hemmed, .....	199
Napkins hemmed, .....	684
Blankets hemmed, .....	634
Laboratory aprons, .....	12
Chef aprons, .....	12
Steward aprons, .....	6
Kitchen aprons, .....	243
Curtains, .....	246
Curtain bands, .....	246
Burial robes, .....	41
Burial petticoats, .....	41
Burial chemises, .....	41
Burial sheets, .....	41
Chemises, .....	965
Drawers, .....	669
Night dresses, .....	134
Night shirts, .....	2
Petticoats, .....	589
Dresses, .....	1,230
Skirts made, .....	4
Waists made, .....	18
Waists altered, .....	3
Skirts altered, .....	5
Strong dresses, .....	25
Wrappers, .....	17
Nurses' dresses, .....	33
Nurses' aprons, .....	33
Nurses' straps, .....	13

## Report of Work Done in Mattress-Room and Shoe-Shop.

Single hair mattresses made, new, .....	225
Double hair mattresses made, new, .....	8
Single hair mattresses made over, .....	1,308
Double hair mattresses made over, .....	9
Single mattress ticks made, new, .....	238
Double mattress ticks made, new, .....	8
Hair pillows made, new .....	372
Hair pillows made over, .....	1,696
Feather pillows made, .....	54
Sofa pillows made, .....	18
Pillow ticks made, .....	426
Mattress ticks repaired, .....	424
Pieces of furniture upholstered, .....	85
Large hall carpets made over, .....	2
Large hall carpets made, new, .....	4

Alcove carpets made, new, .....	6
Connecting hall carpets made, new, .....	1
Connecting hall carpets made over, .....	2
Parlor carpets made, new, .....	2
Room carpets made, new, .....	46
Room carpets made over .....	32
Carpets taken up, .....	202
Carpets laid, .....	204
Carpets repaired, .....	76
Carpets bound, yards, .....	110
Carpets hemmed, yards, .....	560
Rooms laid with linoleum, .....	11
Rooms laid with rush matting, .....	1
Chairs caned, .....	116
Settees caned, .....	5
Window shades made, .....	177
Window shades repaired, .....	132
Long window curtains hung, pairs, .....	45
Hassocks made, .....	24
Carpet door-mats made, .....	6
Holders for bakery and gas-house, pairs, .....	60
Pieces of harness made, new, .....	48
Pieces of harness repaired, .....	162
Bed protectors made, .....	502
Bed protectors repaired, .....	260
Horse blankets repaired, .....	32
Sets of Mangle aprons made, .....	7
Sets of Mangle aprons repaired, .....	2
Chair cushions made, .....	18
Awings put up, .....	27
Awings taken down, .....	27
Flags made, new (size 10 x 20 ft.), .....	2
Golf flags made, .....	24
Boots, shoes and slippers repaired, pairs, .....	392

### Return of Work Done in Tin-Shop.

Rice pans, .....	108
Small dippers, .....	28
Small dish-pans, .....	26
Large steamers, .....	6
Large dish-pans, .....	13
Diet cups, .....	227
Biscuit pans, .....	75
Dust pans, .....	55
Drinking cups, .....	338
Bread pans, .....	304
Oil drips, .....	10
Milk pitchers, .....	50

# NEW JERSEY STATE HOSPITAL.

79

Small flats,.....	100
Large flats,.....	100
Diet cup-covers,.....	108
Butter boxes,.....	12
Tin pails,.....	53
Milk pails,.....	8
Sprinkling pots,.....	6
Potato steamers,.....	12
Wash basins,.....	50
New tops on fruit cans,.....	1,380
New fruit cans,.....	650
Other pieces as needed,.....	265
Pieces of tinware repaired,.....	1,198
Locks repaired,.....	473
Knives sharpened,.....	234
Scissors sharpened,.....	81
Tin roofing, square feet,.....	760
Gutters, lineal feet,.....	166
Leaders, lineal feet,.....	72

Also repairs to tin and slate roofs, gutters, leaders, waiter bells, speaking tubes, ice boxes, &c.



# Requirements for the Admission of Patients to the State Hospitals of New Jersey.

---

## PRIVATE PATIENTS.

The admission of a private or pay patient requires one written request for admission, signed by a near relative or the guardian of the patient, which need not be sworn to, the certificates of two physicians who have been in practice for at least five years; their signatures must be sworn to before a notary public or other proper officer of the law; a bond signed by two responsible property owners, one of which (preferably both) must be a resident of, and own property in, the State of New Jersey. It is not necessary that the bond be sworn to. (See forms appended.)

Thirteen (13) weeks board and medical attendance must be paid for at the time of the admission of the patient, and quarterly, in advance, thereafter.

The above requirements must be met before a patient can be admitted.

The rates range from five dollars (\$5) to fifty dollars (\$50) per week, which includes medical attendance, board, room and washing. No private patients are admitted for less than five dollars (\$5) per week. No patient not a resident of New Jersey will be admitted for less than ten dollars (\$10) per week.

## INDIGENT PATIENTS.

For the admission of indigent patients a request and the certificates of two physicians are required, as in the admission of private patients, differing in that the indigent papers have the word "*indigent*" in them, showing that the person whose admission is requested is believed to be without means of support and unable to pay for his maintenance in the hospital.

## HABITUAL DRUNKARDS.

The General Statutes of New Jersey, Vol. 2, page 1708, and P. L. 1881, page 236, provide for the commitment of habitual drunkards to a State Hospital for the Insane by proceedings before the Court of Chancery.

## GENERAL RULES.

The law of 1898 requires the certificates of two physicians to the insanity of a patient before his or her admission into any State Hospital of New Jersey can be secured, and these certificates to be valid shall bear date of no more than ten days prior to the commitment of the person named therein. If more than ten days elapse between the making of the certificates and the taking of the patient to the Hospital, the certificates become invalid, and new ones must be made out in order to secure the patient's commitment.

No visiting is allowed on Sundays. Visiting is limited to Mondays, Wednesdays, Fridays and legal holidays, from 10 A. M. to 4 P. M.

The above requirements are regulated by statute and the action of the Board of Managers, and cannot be changed by resident officers.

The forms of requests, certificates, bonds, &c., are appended. The Medical Director will supply blank commitment papers in response to application for them.

The person writing for papers should always mention the sex of the patient to be committed, and whether such patient is in indigent circumstances or able to pay for maintenance.

Communications and inquiries relative to patients should be addressed to the Medical Director, who will give them prompt attention.

When practicable, a visit to the institution and a personal interview with its officers previous to completing arrangements is advised.

## FORMS.

---

### **Request for Private Patient's Commitment to State Hospital for the Insane.**

*To the Medical Director of the New Jersey State Hospital at Morris Plains:*

The undersigned, of....., in the county of....., and  
City or Town.  
State of....., being desirous of having....., an  
Full name of patient.

insane person of the county of....., and State of....., committed to and confined as a patient in the New Jersey State Hospital at Morris Plains, hereby requests the admission therein of the said....., for the purpose aforesaid. Said  
Full name of patient.

..... was born at....., on....., resided  
Full name of patient. City or town. Date of birth.  
at....., and is a.....  
State patient's residence with particularity. Profession, trade or

..... The undersigned is a.....  
calling of patient. State degree of relation or other

..... of the said.....  
circumstances of connection between patient and Full name of patient,  
person making request.

Dated,..... 19.....

Name of person making request, ..... .

P. O. address, ..... .

Street and number, ..... .

City, ..... .

County, ..... .

State, ..... .

---

### **Certificate of Insanity of Patient by Physician Resident of New Jersey.**

I, ....., of....., in the county of....., and State of New Jersey, do hereby certify that I am a graduate of..... and permanent resident of the State of New Jersey, and have been in



actual practice as a physician for at least five years last past; that I have made a personal examination of....., alleged to be insane, and whose admission into the New Jersey State Hospital at Morris Plains, has been requested by..... of....., in said State, and I am of the opinion that the said..... is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said .....

1. Patient resides at....., county of.....; age..... years; nativity, (*if foreign, how long in U. S.*) .....sex, .....; color,.....; occupation,.....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father,.....; of mother,.....

3. Number of previous attacks,.....; present attack began ....., 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*)

4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

(*If afflicted with any infirmity or disease other than insanity, state it.*)

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*)

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)  
 .....

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:  
 .....

The following are the facts as to the insanity of the said....., upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):  
 .....

(2) The patient (*state what the patient did in presence of the physician, and also describe his or her appearance and manner*):  
 .....

(3) Other facts perceived by me indicating insanity:  
 .....

(4) Facts indicating insanity communicated to me by others:  
 (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)  
 .....

....., Physician.

#### AFFIDAVIT.

State of New Jersey, county of....., ss.—....., being duly sworn according to law, on his oath says that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

..... M.D.

Sworn to and subscribed before me this.... day of....., 19 ..

.....

**Certificate of Insanity of Patient by Physician Resident of  
New Jersey.**

I, ....., of ..... in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ..... and permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past: that I have made a personal examination of ....., alleged to be insane, and whose admission into the New Jersey State Hospital at Morris Plains has been requested by ..... of ....., in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to, and confined in, said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of, the said .....

1. Patient resides at ....., county of .....; age .... years; nativity (*if foreign, how long in U. S.*).....; sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, .....; of mother, .....

3. Number of previous attacks, .....; present attack began ..... 19 .. (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) .....

4. Was the present attack gradual or rapid in its onset? .....

5. What is the patient's general physical condition? .....

(*If afflicted with any infirmity or disease other than insanity, state it.*) .....

6. Is the patient cleanly or uncleanly in personal habits? .....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*)

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said . . . . ., upon which my opinion is founded:

(1.) The patient said (*state what the patient said, if anything, in the presence of the physician*):

(2.) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):

(3.) Other facts perceived by me indicating insanity:

(4.) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

....., Physician.

#### AFFIDAVIT.

State of New Jersey, county of . . . . ., ss.:  
being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents

thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

.....', M. D.

Sworn to and subscribed before me this ..... day of .....  
19....

.....

**Request for Indigent Patient's Commitment to State Hospital for the Insane.**

*To the Medical Director of the New Jersey State Hospital at Morris Plains:*

'The undersigned, of ....., in the county of ..... and  
State of ....., being desirous of having ..... an  
insane person of the county of ....., and State of ....., com-  
mitted to, and confined as an indigent patient in, the New Jersey  
State Hospital at Morris Plains, hereby requests the admission  
therein of the said ....., for the purpose aforesaid.

Said ..... was born at ..... on .....  
Full name of patient. City or town. Date of birth.  
resides at ....., and is a .....  
State patient's residence with particularity. Profession,

..... The undersigned is a .....  
trade or calling of patient. State degree of relation or  
..... of the said .....  
other circumstance of connection Full name of patient.  
between patient and person  
making request.

Dated ....., 19.....

Name of person making request, .....

P. O. address, .....

Street and number, .....

City, .....

County, .....

State, .....

**Certificate of Insanity of Patient by Physician Resident of New Jersey.**

I, . . . . ., of . . . . ., in the county of . . . . ., and State of New Jersey, do hereby certify that I am a graduate of . . . . ., and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of . . . . ., alleged to be insane, and whose admission into the New Jersey State Hospital at Morris Plains has been requested by . . . . ., of . . . . ., in said State, and I am of the opinion that the said . . . . . is insane, and a proper person to be committed to, and confined in, said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said . . . . .

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said . . . . .

1. Patient resides at . . . . ., county of . . . . .; age, . . . . . years; nativity (*if foreign, how long in U. S.*), . . . . .; sex, . . . . .; color, . . . . .; occupation, . . . . .; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, . . . . .; of mother, . . . . .

3. Number of previous attacks, . . . . .; present attack began . . . . ., 19. . . . . (*If the patient has ever been an inmate of an institution for the insane, state when and where.*)

4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

(*If afflicted with an infirmity or disease other than insanity, state it.*)

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or de-

pressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*)

.....

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

.....

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

.....

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

.....

The following are the facts as to the insanity of the said....., upon which my opinion is founded:

(1.) The patient said (*state what the patient said, if anything, in the presence of the physician*):

.....

(2.) The patient (*state what the patient did in presence of the physician, and also describe his or her appearance and manner*....

.....

3.) Other facts perceived by me indicating insanity:

.....

(4.) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

.....

....., Physician.

#### AFFIDAVIT.

State of New Jersey, county of ....., ss.— ....., being duly sworn according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents

thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

....., M. D.

Sworn to and subscribed before me this ..... day of .....  
19....

.....

**Certificate of Insanity of Patient by Physician Resident of  
New Jersey.**

I, ....., of ....., in the county of ..... and State of New Jersey, do hereby certify that I am a graduate of ....., and permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ..... alleged to be insane, and whose admission into the New Jersey State Hospital at Morris Plains has been requested by ....., of ....., in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to, and confined in, said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said .....

1. Patient resides at ....., county of .....; age, ..... years; nativity (*if foreign, how long in U. S.*), .....; sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, .....; of mother, .....

3. Number of previous attacks, .....; present attack began ....., 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*)

.....

4. Was the present attack gradual or rapid in its onset?

.....



5. What is the patient's general physical condition?

*(If afflicted with any infirmity or disease other than insanity, state it.)*

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? *(If either homicide or suicide has been attempted or threatened, it should be so stated.)*

8. What is the supposed cause of the insanity? *(State both predisposing and exciting causes, if known.)*

9. Has the patient insane relatives? If so, state the degree of consanguinity and whether paternal or maternal. *(State any hereditary taint of insanity that can be ascertained.)*

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said . . . . ., upon which my opinion is founded:

(1.) The patient said *(state what the patient said, if anything, in the presence of the physician)*:

(2.) The patient *(state what the patient did in the presence of the physician, and also describe his or her appearance and manner)*:

(3.) Other facts perceived by me indicating insanity:

(4.) Facts indicating insanity communicated to me by others: *(State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.)*

. . . . ., Physician.

## AFFIDAVIT.

State of New Jersey, county of . . . . . ss.— . . . . . being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

. . . . . M. D.

Sworn to and subscribed before me this . . . . . day of . . . . .  
19. . . .

. . . . .

---

**Maintenance Bond.**
**MALE.**

Whereas, . . . . ., of . . . . ., an insane person, has been admitted as a patient into the New Jersey State Hospital at Morris Plains, N. J.

Now, Therefore, we, the undersigned, in consideration thereof, jointly and severally, bind ourselves to Guido C. Hinchman, Treasurer of said Hospital, to pay to him, and his successors in office, the sum of . . . . . dollars, . . . . . cents per week, for the care and board of said insane person, as long as he shall continue in said Hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention; and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the Warden of the Hospital; and to remove him from the Hospital whenever the room occupied by him shall be required for a class of patients having preference by law, or whenever he shall be required to be removed by the Managers or Warden; and also to pay all expenses incurred by the Managers or Warden in sending said patient to his friends in case one or either of us shall fail to remove said patient

when required to do so as aforesaid; and if he shall be removed, at the request of his friends, before the expiration of six calendar months after reception, then to pay board for twenty-six weeks, unless he shall be sooner cured, and also to pay, not exceeding fifty dollars, for all damages he may do to the furniture or other property of said Hospital, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made quarterly in advance from date of admission, and at the time of removal, with interest on each bill from and after the time it becomes due.

In Witness Whereof, We have hereunto set our names this  
..... day of ....., in the year 19

(Name,) ..... [L. S.]

(Residence,) .....

(P. O. Address,) .....

(Name,) ..... [L. S.]

(Residence,) .....

(P. O. Address,) .....

Signed and sealed in presence of

\_\_\_\_\_

#### **Removal Bond.**

Know all men by these presents, that ....., held and firmly bound unto the State of New Jersey in the penal sum of ..... dollars, lawful money of the United States, to be paid to the said the State of New Jersey, or its assigns; to which payment well and truly to be made, we do bind ourselves, jointly and severally, one and each of our heirs, executors and administrators firmly by these presents. Sealed with our seals, and dated this ..... day of ....., in the year of our Lord one thousand nine hundred and .....

Whereas, ....., of the county of ....., hath heretofore been, and still is, confined in the New Jersey State Hospital at ....., and whereas, said Hospital is now full, and the Medical Director hath certified to the Managers that said ..... is mani-

festly . . . . ., and can probably be rendered comfortable at . . . . ., and said Managers are willing to discharge said . . . . ., and to deliver . . . . . to . . . . . relatives or friends, upon receiving satisfactory security for . . . . . peaceable behavior, safe custody and comfortable maintenance without further public charge.

Now, therefore, the condition of the above bond or obligation is such that if the said . . . . ., or their heirs, executors or administrators, do and shall, from and after the date hereof, secure the peaceable behavior and safe custody of said . . . . ., and provide for . . . . . a comfortable maintenance, so that . . . . . shall not be a charge on the public; then said bond or obligation to be void, otherwise to continue in full force and virtue.

. . . . . [L. S.]

. . . . . [L. S.]

Sealed and delivered in the presence of



616,85

N 53

M 87

UNIV. OF MICH.

JUL 23 1907

616,85

N 53

M 87

# TWENTY-SIXTH ANNUAL REPORT

OF THE

## Managers and Officers

OF

# THE NEW JERSEY STATE HOSPITAL

### At Morris Plains

### FOR THE YEAR ENDING OCTOBER 31st

## 1901

TRENTON, N. J.:

THE JOHN L. MURPHY PUBLISHING CO., PRINTERS.

1902.









MAINE BUILDING.

# TWENTY-SIXTH ANNUAL REPORT

OF THE

## Managers and Officers

OF

# THE NEW JERSEY STATE HOSPITAL

### At Morris Plains

FOR THE YEAR ENDING OCTOBER 31st

1901



TRENTON, N. J.:

THE J. L. MURPHY PUBLISHING CO., PRINTERS.

1901.



## MANAGERS.

---

### PRESIDENT.

PATRICK FARRELLY.....MORRISTOWN.

### VICE PRESIDENT.

JOHN C. EISELE.....NEWARK.

JAMES M. BUCKLEY, D.D.....MORRISTOWN.

ROMEO F. CHABERT.....HOBOKEN.

JOHN A. McBRIDE.....DECKERTOWN.

DAVID ST. JOHN, M.D.....HACKENSACK.

JAMES W. SMITH, M.D.....PATERSON.

RICHARD A. McCURDY.....MORRIS PLAINS.

(3)



## RESIDENT OFFICERS.

---

### MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D.....MEDICAL DIRECTOR.  
ELIOT GORTON, M.D.....ASSISTANT PHYSICIAN.  
PETER S. MALLON, M.D.....SECOND ASSISTANT PHYSICIAN.  
HARRY A. COSSITT, M.D.....THIRD ASSISTANT PHYSICIAN.  
WILLIAM H. BARTON, M.D., FOURTH ASST. PHYSICIAN AND PATHOLOGIST.  
CHRISTOPHER C. BELING.....FIFTH ASSISTANT PHYSICIAN.  
RAYMOND D. BAKER.....SIXTH ASSISTANT PHYSICIAN.

### BUSINESS DEPARTMENT.

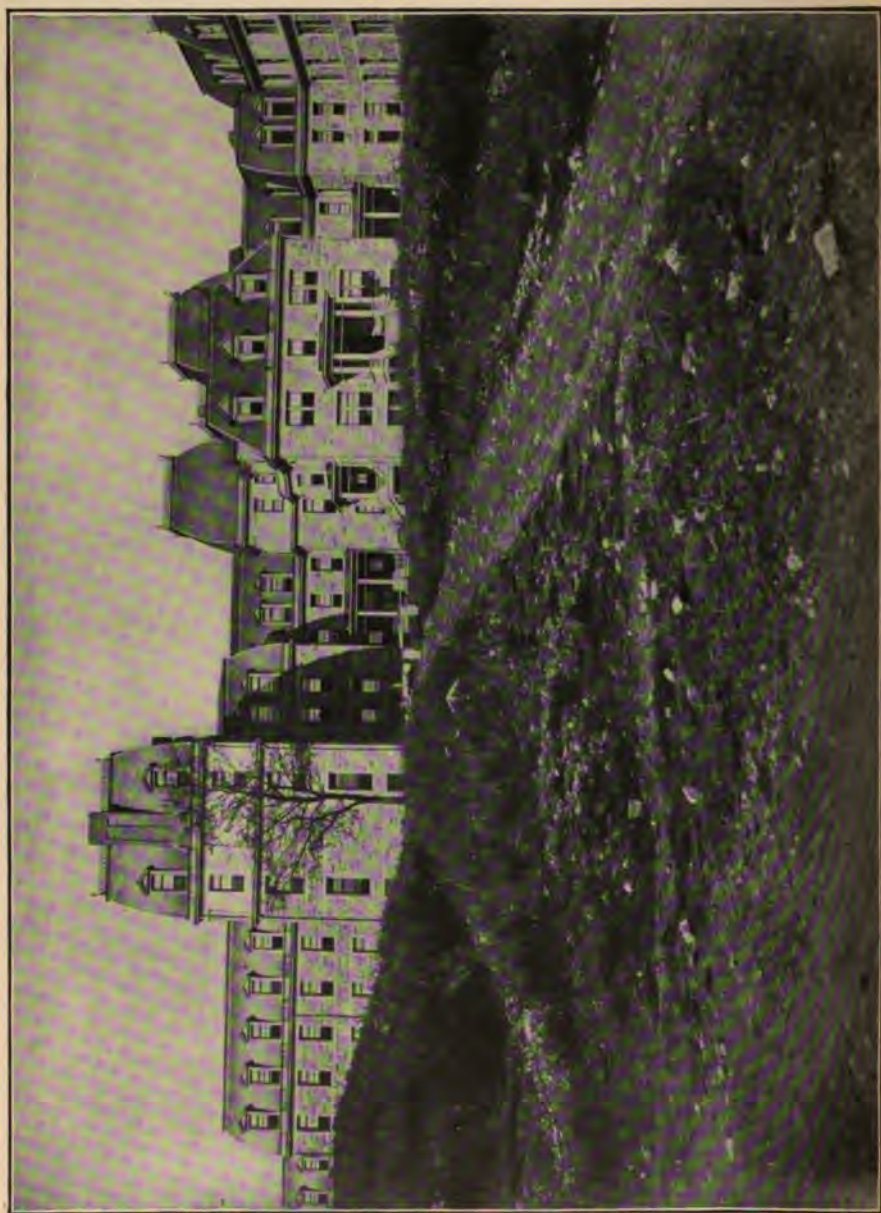
MOSES K. EVERITT.....WARDEN.  
GUIDO C. HINCHMAN.....TREASURER.  
CHARLES H. GREEN.....SECRETARY.

(5)









UNIVERSITY BUILDING - CLINTON, NEW YORK

# Report of the Board of Managers.

---

*To His Excellency Foster M. Voorhees, Governor of New Jersey:*

The Board of Managers of the State Hospital at Morris Plains respectfully submits its report for the fiscal year ending October 31st, 1901, being the twenty-sixth annual report of the institution.

The importance to the State of the work of the Hospital at Morris Plains cannot be better indicated than by the simple statement that during the year 1,700 insane patients were under treatment and that the daily average in the Hospital was 1,390. On September 30th the insane population reached the total of 1,409.

These figures reflect light upon the difference between a Hospital for the Insane and a General Hospital. In the latter, patients remain, on an average, only about three weeks; hence, to reach a daily average of 1,390 the whole number under treatment would be 23,630. But a Hospital for the Insane retains its incurables, a class which are discharged from General Hospitals, and such is the danger of relapse that it is seldom prudent to discharge in less than three months a patient from a Hospital for the Insane, even though supposed to have recovered.

Those interested in this great work will be pleased to learn that while the average of recoveries from 1881 to 1891 was 21 per cent. of the yearly admissions, from 1891 to 1901 it was 26 per cent., and for this year no less than 31½ per cent., a ratio seldom attained in the history of institutions for the insane.

The Medical Director accounts for this by the advancement made in hospital construction, by the observance of better hygienic methods, the employment of trained nurses, the aid obtained from skilled post-mortem examinations of the human brain and from a great variety of remedial methods. It should be understood that the percentage of recoveries is computed upon the yearly admissions, and not upon the whole number. The reason for this course is that in the institution a majority of patients have suffered from the ravages of brain

troubles and other maladies, to such an extent as to make recovery highly improbable and often, in fact, impossible.

During the year twenty-five patients have been removed by the county authorities in Hudson and Passaic to their local institutions.

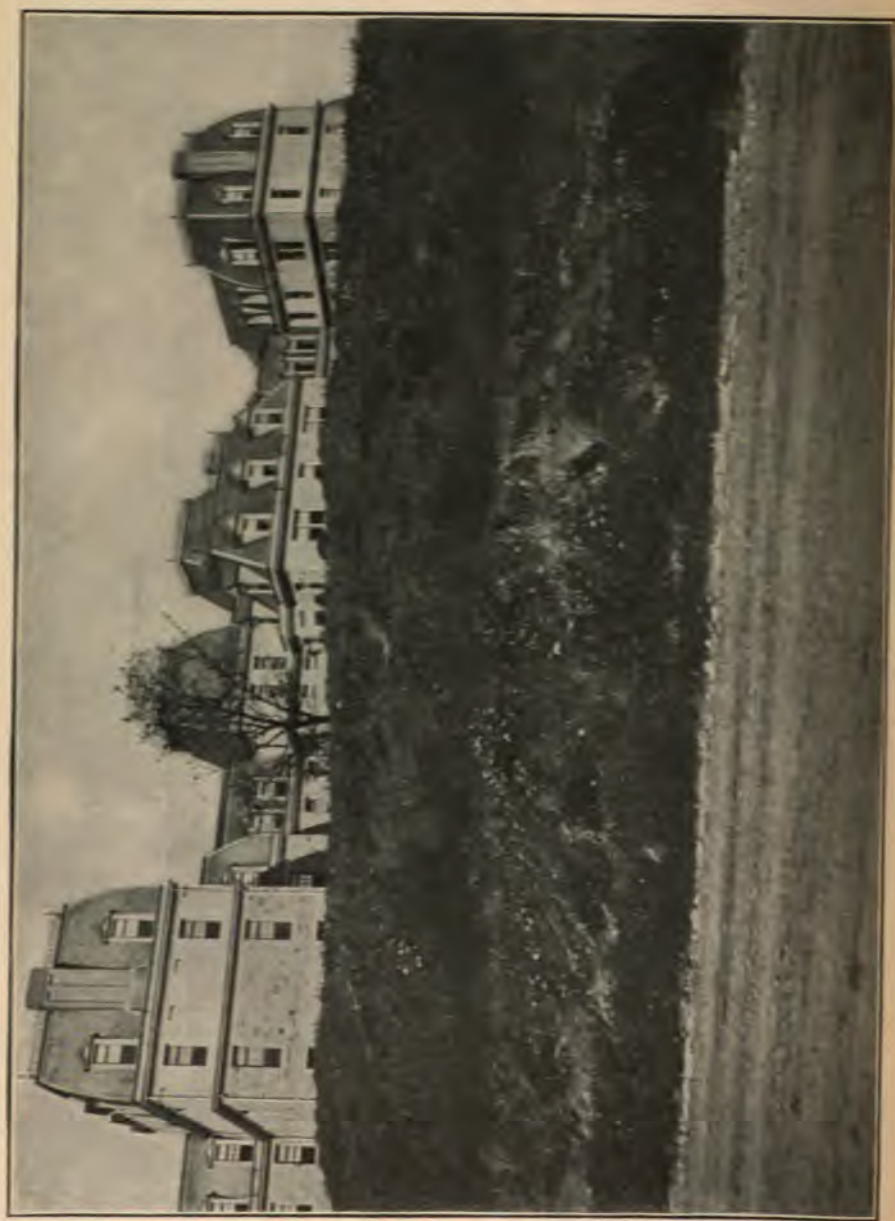
We respectfully direct the attention of your Excellency, and through you the serious attention of the Legislature, to the great need of a separate building for convict insane, which, in our judgment, should be erected not far from the State Prison.

There are at the present time in this Hospital 27 criminal insane and 69 convict insane. The criminal insane are those who have committed acts which, if perpetrated by a sane person, would be criminal, but who have been found to be insane and irresponsible before sentence and are committed directly to the State Hospital. The convicts are those who have become insane after their commitment to the State Prison or other places of punishment.

The gross injustice done the non-criminal insane by forcing them to associate, to a greater or less degree, with convicts has been set forth in previous reports. Our observation convinces us that it is an outrage upon humanity. The insane are by no means destitute of natural sensibility. Few are constantly in an excited or in a totally demented condition. No hospital for the insane can be properly transformed into a prison. The convicts bring with them their criminal instincts, habits and experience. Though we have fitted three strong rooms with all modern appliances, in spite of the vigilance of night nurses, specially selected, whose promotion depends upon their fidelity, during the past year three very dangerous convicts have escaped; one of them a homicidal murderer, who combines acuteness in contriving plans for robbery with an entire willingness to commit murder in accomplishing his purpose or effecting his escape. The escape of this man was effected by means which no vigilance could have detected, unless he had been chained to the wall, after the manner of ancient barbaric times, in an underground cell. Notwithstanding efforts to recapture him, this convict patient is still at large. Should he commit robbery or murder, who would be responsible but the State of New Jersey, which removed him from the relatively great security of the State Prison to a hospital constructed entirely with regard to those who can be managed without transforming the institution into a system of dungeons?

To add insanity to the criminal instincts makes a combination often





DORMITORY BUILDING.—UNIVERSITY OF CHICAGO. BUILDING.

far more dangerous, treacherous and a greater menace to the public than any of the ordinary forms of insanity, when superinduced upon good character, habits of honesty, industry and response to the ordinary motives of humanity which lead to mercy, compassion and helpfulness. At the present time the convicts in the institutions at Trenton and Morris Plains number more than one hundred. Several States have provided institutions especially conducted for the detention of criminals and the convict insane. We earnestly direct the attention of your Excellency to the need of a separate institution for this class of the insane. This would relieve the pressure upon and greatly increase the efficiency of the State Hospitals for the purpose for which they were originally established.

It is our belief that the Legislature would not hesitate a moment to follow the example of other progressive States could each legislator be induced to ask himself how he would like his father, brother or son to be compelled, while under treatment for mental disease, to associate directly with convicts of the worst class.

The statistical details, in which the results of the work of the institution are condensed, are not always read, even by the persons who, for the discharge of their legislative and other duties, need to know their contents. That they may be understood in their proper relations without difficulty, and their value to the proper estimate of the great amount of good accomplished, the Medical Director has prepared an outline of the routine features of the daily life of the Hospital, which furnishes an answer to countless questions which are asked in private correspondence, often appear in newspaper discussions, and are occasionally propounded in the deliberations of the Legislature.

The Warden's report shows that the sum of twenty thousand dollars (\$20,000) granted for the furnishing of the Annex or Dormitory building was inadequate; contracts made after bids obtained on specifications, at the lowest terms compatible with fitness and utility, amounting to more than that amount.

The building was opened on the 12th of March, and now contains more than 400 patients. The extra expense was occasioned by the need for additional tables, chairs, bedsteads and bedding, also store-rooms for the kitchen and boxes for the cold storage. It was found that additional plumbing was required, and that in connection with the apparatus necessary to convey food to the dining-rooms, steam

tables and several other conveniences, the need for which was only to be ascertained by experiment, were demanded.

It will be seen also that the appropriation of sixteen hundred dollars (\$1,600) for walks lapsed on account of the grading not being sufficiently advanced. The account of the work done upon the reservoirs and the continually increasing need for more water evinced by the protracted drought of last year, are clear and convincing. The results of the examination of the sewer system now in use at the Hospital will be found interesting and of value in the solution of the many problems of disposing of sewage which arise in the institutions owned by the State, as well as in the various cities and towns in which so large a proportion of the population of the State is gathered.

Last year we called the attention of your Excellency to the amount of \$15,485.28 which was due us from the State for the years 1898, 1899 and 1900 for the support of the convict, State indigent and county patients. During the past year we have been obliged to incur expenses for maintaining the same class of patients, amounting to \$13,819.95 more than the amount received from the State Treasurer. This leaves us without sufficient funds to meet our current obligations. We therefore request that this amount be placed in the deficiency bill.

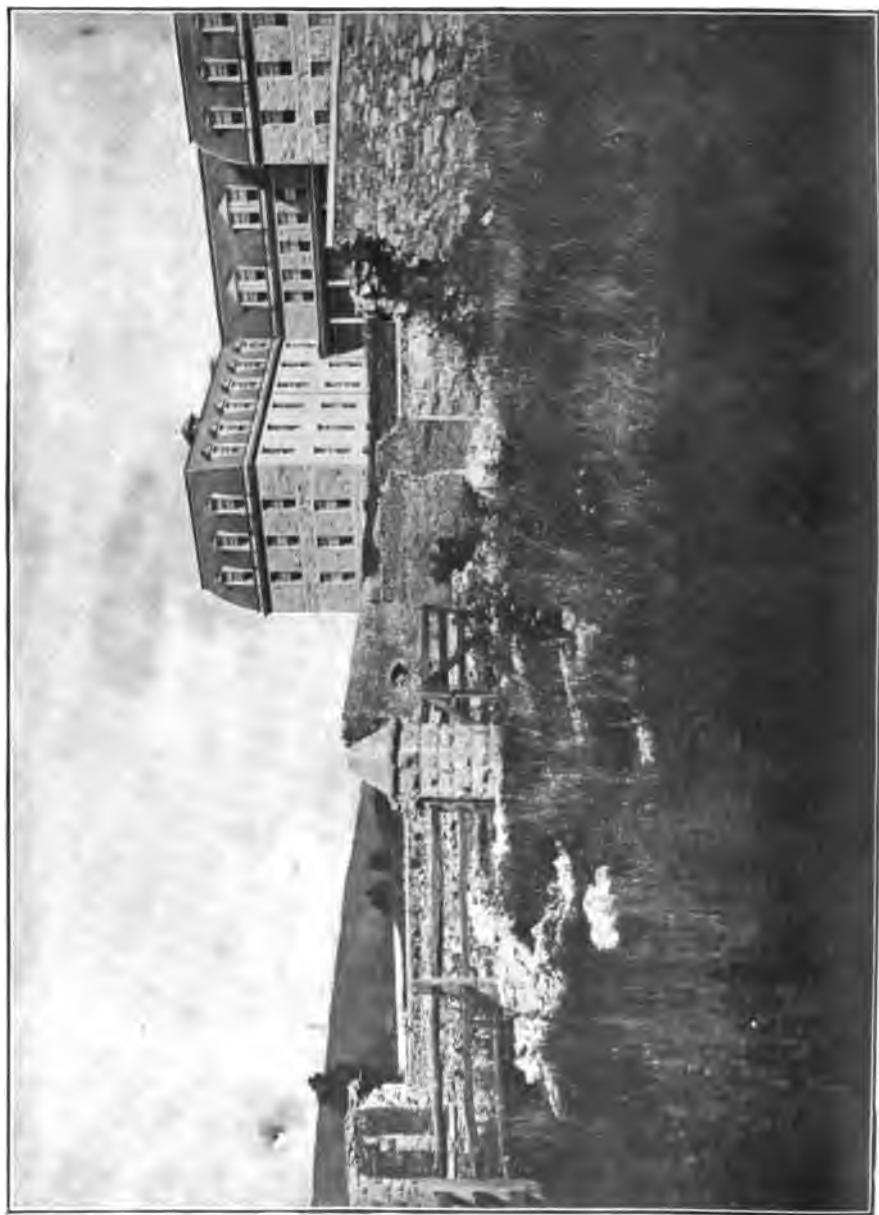
The sum of \$1,290.40 is due Patrick Reynolds for work on contract, for which the whole amount was appropriated at the last session of the Legislature, but this balance was not paid because the bill was not presented by Mr. Reynolds for action by the Board until after November 1st, and the appropriation therefore lapsed. This bill, with what has already been paid, does not exceed the amount appropriated for the work. In addition to the above, this amount should also be placed in the deficiency bill.

We will need \$6,000 for a new slaughter-house; \$3,000 for walks around the new building, for which \$1,600 was appropriated last year, but was not used for the reason that this sum was below the lowest bid received for the work; \$5,000 for additional furniture for the new building, which includes the necessary fitting for the Pathological Laboratory, and \$6,000 for grading around the new building.

Statement of resources and liabilities, October 31st, 1901:







DORMITORY BUILDING.—FEMALE WING.—UNGRADED SURROUNDINGS.

## RESOURCES.

Balance in hands of Treasurer.....	\$13,312 44
Due from Hudson county as per bill rendered.....	1,095 74
Due from Morris county as per bill rendered.....	6,954 28
Due from Passaic county as per bill rendered.....	11,195 17
Due from Sussex county as per bill rendered.....	1,576 34
Due from Union county as per bill rendered.....	9,751 53
Due from Warren county as per bill rendered.....	3,179 95
Due from State Treasurer for county patients.....	7,506 80
Due from State Treasurer for convict patients.....	4,019 81
Due from State Treasurer for State patients.....	10,145 53
Due from private patients as per bills rendered.....	4,666 76
Due from Sailors' Snug Harbor.....	696 34
Due from petty expense account.....	398 65
Due from clothing issued.....	4,421 59
	<hr/> \$78,920 93

## LIABILITIES.

Bills payable .....	\$51,979 39
Pay-roll for month of October.....	9,853 27
County patients paid beyond.....	1,444 29
Private patients paid beyond.....	6,724 48
Amount of bills rendered counties not yet earned.....	4,981 81
Amount of bills rendered private patients not yet earned,	1,676 55
	<hr/> \$76,664 79
Balance above liabilities.....	\$2,256 14

## PRIVATE ASYLUMS.

The private asylums within the counties assigned to the superintendency of this Board of Managers have been visited and licensed according to the terms of the law.

We direct the attention of the Legislature to the fact that no penalty or provision is made by the law for persons who attempt to treat the insane and who refuse to take out licenses, and that no method of procedure is specified for such cases.

## COUNTY ASYLUMS.

The County Asylums which the Board of Managers are required to inspect—the result of such inspection to be included in their report to your Excellency—are situated in the following counties: Essex, Hudson and Passaic.

*Essex County Asylum and Branch at Overbrook.*

The main hospital is situated on South Orange avenue, Newark, N. J., and the branch hospital is at Overbrook, Verona township, Essex county, N. J.

Both institutions are in charge of Dr. D. M. Dill, Superintendent, with a staff of three physicians (one of whom is a pathologist) and a dispensary clerk at the main hospital, and two physicians at the Overbrook Hospital.

The two hospitals contain 995 patients, with 42 on parole. Of this number 273 males and 380 females are at the main hospital, and 131 males and 211 females at the branch hospital. The main institution seems to be in excellent condition, and is being refitted as rapidly as possible with the latest approved sanitary methods of plumbing and ventilation. Since our last report the new wing at Overbrook has been completed, and is taking care of over 80 patients from the main building, thus relieving it somewhat from its overcrowded condition.

The new hospital is a model of its kind and is showing excellent results in the care of the class of patients committed to it. The Essex County Hospital has maintained a training-school for nurses for many years, and thereby secures a competent corps of attendants, both male and female. Both the old and new hospitals compare favorably with many State hospitals. The management and its results demonstrate that the insane are receiving skilful and conscientious treatment and the public interests are being well served.

*Hudson County Asylum.*

This hospital is situated at Snake Hill, Hudson county, N. J. It is in charge of Dr. George W. King, as Medical Superintendent, assisted by a Deputy Superintendent, who is not a physician.

The number of patients admitted during the year was 121; number discharged, 63; died, 58; leaving 551 patients, of whom 243 are males and 308 are females.

There have been no improvements made in the hospital during the year, and it is utterly lacking in room and other accommodations for the proper care of insane patients. Dr. King, who has been in charge of the hospital for many years, is, we think, a com-

petent physician, and no doubt is doing all that he can under the peculiar circumstances, but he should certainly have more medical assistance.

While the institution is not old, the plumbing of the lavatories is not suited for institutions of this kind, and demands immediate improvement.

The first floor of the institution, which was built to be occupied by patients, has been abandoned on account of dampness. This loss of living-room increases the overcrowding of the rest of the hospital, and interferes with the comfort and welfare of the patients. The hospital has no training school for nurses, yet the attendants are paid nearly double the amount that trained attendants of the best character receive in the State hospitals.

As a Board having supervision, under the laws of the State of New Jersey, of county hospitals, we earnestly recommend an enlargement and improvement of this institution in keeping with the population and wealth of Hudson county.

*Passaic County Asylum.*

Most of the insane of this county are cared for at the institution at Morris Plains, but the Board of Freeholders of Passaic county is caring for 10 male and 36 female patients at their county almshouse. The patients are of a class that, without detriment to them, can be taken care of in this way.

Signed,

PATRICK FARRELLY,  
JOHN C. EISELE,  
JAMES M. BUCKLEY, D.D., LL.D.,  
ROMEO F. CHABERT, M.D.,  
JOHN A. McBRIDE,  
DAVID ST. JOHN, M.D.,  
JAMES W. SMITH, M.D.,  
RICHARD A. McCURDY,

*Managers.*







**ADMINISTRATION BUILDING.—DRAPED FOR PRESIDENT WM. MCKINLEY.**

---

---

## REPORT OF THE MEDICAL DIRECTOR.

---

---

(15)









# Report of the Medical Director.

---

## *To the Board of Managers:*

GENTLEMEN—I herewith transmit to you the twenty-sixth annual report of the Medical Department of the New Jersey State Hospital at Morris Plains for the year ending October 31st, 1901.

The year closed with a total of 1,390 patients, 707 men and 683 women. There were in all 1,700 patients under treatment and the daily average for the year was 1,390. The highest census was on September 30th, when the insane population of the Hospital reached 1,409. The percentage of recoveries, based, as usual, upon the number admitted, is  $31\frac{1}{2}$  per cent.

The average of recoveries from the year 1881 to 1891 was 21 per cent. of the yearly admissions; from 1891 to 1901 it was 26 per cent., and for this year  $31\frac{1}{2}$  per cent. These figures show a steady increase in the yearly percentage of recoveries. In comparing percentages in this way by decades, the results may be looked upon as reliable, for the reason that conditions which especially tend to make a high or low rate in any given year are balanced. It is clear that the advancement made in hospital construction, the observance of better hygienic methods, the employment of trained nurses, the aid given to psychiatry by pathological research, and the progress made in the application of therapeutic measures, are all operating to make greater the percentage of recoveries and to increase the confidence of the public at large in the value of hospital treatment for the insane.

The death rate, based upon the number under treatment, is 7.8 per cent., and the average age at death was fifty-four.

Table XIX. of the statistical appendix shows the advanced age at which a large proportion died. Sixty per cent. were over sixty years of age, and of this number 6 were nearly ninety, and 22 were between seventy and eighty years of age. Table XX. shows, with other causes, that 23 deaths resulted from paresis, the disease of modern civilization.

According to their legal commitment, the classification of those

remaining in the Hospital October 31st, 1901, is as follows: Indigent, 1,131; private, 164; criminal, 27; convict, 68; a total of 1,390.

During the hospital year covered by this report, 311 patients have been admitted and 310 have been discharged, showing a gain of one patient over the closing number of the preceding year. The unusually small increase in population is due to the fact that a larger number than usual was discharged as recovered or improved, and in addition to this the county authorities of Hudson and Passaic transferred 25 patients to their local institutions.

#### TRAINING-SCHOOL.

The training-school for nurses is now entering upon its eighth year. As a permanent feature of this institution it must be looked upon as a most important factor, conducing to the benefit of patients, and its scope and importance clinically can hardly be overestimated. We daily see the results of such training, and it is highly gratifying that our graduates are giving a good account of themselves. Our pupil nurses are coming more and more to see the necessity and to appreciate the advantage to themselves of special training in the line of work they have selected, and we are continually having applications from those who ask to be employed for the reason that it is their *desire* to take a course of instruction. We are improving the course as opportunity offers, and this coming year our schedule of lectures and demonstrations is more complete and comprehensive than ever before. At the commencement exercises of the last training-school class, three men and four women were granted diplomas, making thirty-seven men and fifty-three women, a total of ninety, who have graduated from the school since its inception.

In connection with this subject I desire to direct your attention to the wisdom of providing a building which shall be set apart for the use of nurses. This is in the line of progress, and is advocated and endorsed as a necessity in numerous hospitals, both general and special. Our nurses are on duty for sixteen consecutive hours, and remain daily and sleep nightly in the same wards which occupy their time and attention during the day. Their rest is, therefore, often unavoidably broken by disturbed and noisy patients not then under their care. Persons spending sixteen hours daily in the care of turbulent and distressing cases should have a place set apart for them





DORMITORY BUILDING.

where they can sleep in peace and where they can spend their time when not on duty in reading, studying or recreation, away from the cares and vexations of their work. It would be economy and at the same time in the promotion of good service to erect a cottage for nurses, which should also provide sleeping accommodation for night nurses. The immediate outlay would, in time, be repaid by a more willing and better service, and tend to keep in our employ those whose experience and qualifications make them a credit and valuable adjuncts to the medical work of the Hospital.

#### NEW BUILDING.

The new dormitory building, recently completed, has been occupied and in use since March 12th, and now contains 408 patients, equally divided as to sex. It has relieved us from the many serious inconveniences of overcrowding and given us more room in the main building for the care and treatment of acute cases. We are thus enabled to classify our patients more intelligently, and this in itself should result to their benefit. The mental irritation caused by the enforced and prolonged crowding together of insane and uncongenial patients always tends to retard recovery, and the anxiety caused those responsible for their welfare under such conditions is no light matter.

In the dormitory building there are two large day-rooms on either side of the center, which are occupied during the day by a quiet class of the chronic insane. Directly over the day-rooms, and of the same size, are the dormitories, where the patients sleep at night. In this way the day-rooms are thoroughly ventilated during the night and the dormitories during the day.

Meals are served in the associate dining-room, the organization of which is constantly being perfected, and the patients march in at a given signal, take their seats, eat and march out again in an orderly, systematic manner entirely free from friction. Food that should be hot is so served in a homelike manner, and the time occupied in serving a meal to 408 patients does not exceed twenty-five minutes.

The associate dining-room method for feeding large numbers of the chronic insane has many commendable features. It is more economical and satisfactory in that the waste is reduced to a minimum and the food is served promptly from the kitchen ranges while in a palatable condition.



## GENERAL HEALTH, ETC.

The general health of our patients during the year has been good. Varicella occurred in one of the women nurses, and was a matter of grave concern for a few days, until the course of the symptoms showed the disease to be unmistakably varicella and not variola. With this exception, we have been free from infectious and contagious diseases, but this isolated case reminds us of the danger we are subjected to from such sources, and directs our attention to the need for a building for infectious and contagious diseases, so that the danger of infecting our present buildings shall be reduced to a minimum. As our population increases it is well to consider that, should there be an outbreak of a serious contagious disease, it would be difficult to command the services of enough nurses to properly care for our patients.

From time to time it becomes our duty, with a population of 1,400 or more, to do considerable surgical work, both of a major and minor character. In this day of aseptic and antiseptic surgery, it is evident that an institution of our magnitude should have at least two well-equipped operating-rooms, one each for the male and female departments. Under present conditions a room must be specially prepared for the work each time an important operation is contemplated; the table brought from one place, instruments from another, antiseptic fluids and dressings made up and sterilization carried on at a distance from the scene of operation, and the delay caused thereby is prejudicial to the work and extremely annoying. I ask your consideration of this matter, which is of much interest to the Medical Staff, who are doing surgical work worthy of commendation even under difficulties.

## CONVICT INSANE.

We still have in our care sixty-eight convict insane, although from year to year we have plainly spread the matter upon our reports and laid bare the gross injustice done the non-criminal insane who are forced, to a greater or less degree, to come into contact with them. This Hospital is not equipped to hold them. During the year, in





DORMITORY BUILDING.—DAY ROOM FOR WOMEN.

spite of the vigilance of our night nurses, three dangerous convicts have escaped. That such a class should be kept here is unjust to our patients who are free from criminal taint; that they should escape is an injustice to the public. I have in my previous reports called attention to the fact that other States have provided institutions specially constructed for the detention of the criminal and convict insane, and I should feel that I had omitted my plain duty if I failed in this report to again make record of this most important matter. The convict insane are dangerous, treacherous and a menace to the welfare of any hospital not constructed and equipped for the care of this class alone. It is the duty of every Commonwealth to provide an institution for their safe-keeping, and I am hopeful that this crying need will receive attention in this State without further delay.

#### DAILY ROUTINE IN THE MEDICAL DEPARTMENT.

In view of the fact that our annual reports are not restricted in their circulation to those officially interested in the work of this Hospital, and inasmuch as laymen and general practitioners of medicine read them, in order to know something of the details of the operations of this important public charity, I have thought it proper to briefly set forth an outline of some of the more important features of the daily routine of the Medical Department, because it will facilitate a clearer understanding of the carefully-prepared statistical tables, in which records the work of this institution is condensed.

The magnitude of the work and the immense amount of detail connected with it calls for thorough organization in every department. Every physician upon the staff is assigned his special service. Supervisors and supervising nurses are allotted a given number of wards in which they are held responsible for the service of the nurses and where they must preserve discipline and see that the ward attendants are properly discharging their various duties. It further devolves upon the supervisors to look carefully into the wants and needs of patients, report upon sanitary conditions, record the ward temperatures and be the constant medium of communication between the wards and the medical offices.

There are in the two buildings forty-four wards, all in telephonic communication with the office of the Medical Director. Each ward

has its charge attendant or head nurse, upon whom the immediate responsibility of caring for the family of patients in that ward rests.

At 6 A. M. the rising whistle blows and 1,400 patients and their nurses arise and the hospital day is begun. The feeble and untidy are washed and dressed by their nurses; the strong and robust are educated and trained to care for themselves; the wards and rooms are flushed out with pure air and systematic housecleaning is put in operation. The morning meal is served in forty different dining-rooms to nearly 1,600 persons at 7 o'clock. At 9 A. M. the supervisors make their reports to the Medical Director. These reports consist of tabulated statements, setting forth the employment of the patients, a list of those sick in bed, a record of all incidents and accidents for the past twenty-four hours, the leaves of absence, admissions and discharges. They also transmit the written reports of the night nurses and patrol men and women, and, having already made tours of inspection through the various wards, verbal reports are made as to any matter needing the attention of the Medical Staff. Requisitions, in writing, for such necessary articles as clothing, furniture, beds, bedding, dishes, table and other supplies, and also a list of needed repairs, are submitted to the Medical Director for his approval and signature. At 11 A. M. the assistant physicians make their reports as to the condition of the patients. The regular hours for the physicians to make their rounds are from 9 to 11 A. M. and 3:30 to 5:30 P. M. The daily rounds by the physicians cover every part of the institution in which there are patients. Reports of the morning rounds are made in writing and filed with the Medical Director. Each physician is subject to call day or night, at any moment the condition of a patient in his service may demand his attention, or any emergency arises. In an article on "The Insane and Hospitals for Their Care," Dr. Eliot Gorton, after several years of service in this line of work, aptly writes: "It is no light task for one to acquaint himself with the peculiarities of a few hundred patients; to be able to call them all by name; to be familiar with the course and progress of their disease; to know in what wards to place them and to exercise judgment in their proper distribution."

The physicians also give careful attention to everything pertaining to the care and treatment of the patients, such as the minutiae of diet, exercise, baths, medicines, &c., and try to impress patients with the fact that they are their friends as well as medical advisors.

At 9 P. M. the day nurses, after sixteen hours of service, deliver their patients over to the care of the night nurses, under whose watchful care and humane administrations they remain until morning.

Such, in a general way, is the character of the routine work of the Hospital. Where so large a number of insane patients are congregated, the usual percentage of those who are homicidal, or suicidal, or who suffer from pyromania, make the danger of a homicide, a suicide, fire or other accident a source of never-ending anxiety to those in charge. Nowhere is eternal vigilance more necessary or more to be insisted upon than in a large hospital for the insane.

#### DIET.

In the treatment of all forms of disease the matter of diet necessarily assumes a most important place. The proper nourishment of the patient can never be consistently overlooked. Exercise and the use of medicine avail but little if close attention is not paid to the selection of a judicious and nutritious diet. All well-regulated hospitals for the insane must, of necessity, change their diet schedule at intervals and provide food calculated to stimulate the appetite and effectually nourish the body. For patients seriously ill the physician must prescribe the class of food indicated by the particular illness in hand, with a view to the observance of well-established principles of dietetics. Our dietary schedule is changed from time to time and rearranged under the specific directions of the Managers. The members of the Medical Staff are impressed with the importance of prescribing diet such as each individual patient may need. Following is a copy of the schedule, which is posted in every dining-room in this Hospital, and the supervisors are required to make a written report daily as to whether the diet served conforms to this schedule and to make record of any deviation from it. In this way a close supervision is kept over this most vital factor in the treatment of disease, physical or mental.

## DIETARY.

	Breakfast.	Dinner.	Supper.
Sunday.....	Oatmeal and milk, with sugar or syrup; eggs, potatoes, bread, butter, coffee.	Ham or roast beef, vegetables, bread, butter, pie. (Tea female department; no tea for D. B.)	Bread, butter, tea, smoked beef, gingerbread, fruit.
Monday.....	Ham or liver and bacon, fried mush, with syrup; bread, butter, coffee.	Corned beef, cabbage, potatoes, bread, butter, rice pudding. (Tea female department; no tea for D. B.)	Cold meat, bread, butter, tea, cheese, fresh fruit.
Tuesday.....	Oatmeal and milk, beef-steak, potatoes, bread, butter, coffee.	Soup, mutton, macaroni, vegetables, bread, butter, bread pudding. (Tea female department; no tea for D. B.)	Tea-biscuit, bread, butter, hard-boiled eggs, tea, fruit.
Wednesday...	Hash or cold meats, fried hominy and syrup, bread, butter, coffee.	Meat stew, vegetables, bread, butter, fruit or corn-starch pudding. (Tea female department; no tea for D. B.)	Cheese, bread, butter, tea, cold ham or beef. (Oysters female department.)
Thursday.....	Steak or chops, fried potatoes, oatmeal and syrup, bread, butter, coffee.	Roast beef or pork and beans, vegetables, bread, butter, boiled rice, custard pudding. (Tea female department; no tea for D. B.)	Bread, corn bread, butter, tea, cake, fruit, cold meat.
Friday.....	Chops or fish, fried mush, with syrup; bread, butter, coffee.	Boiled ham, fresh fish, potatoes, vegetables, bread, butter, rice pudding. (Tea female department; no tea for D. B.)	Cold meat or fish, bread, butter, tea, cake, fruit. (Oysters male department.)
Saturday.....	Oatmeal and milk, beef-steak or chops, potatoes, bread, butter, coffee, sugar or syrup.	Soup, pork and beans, vegetables, bread, butter, dessert (Tea female department; no tea for D. B.)	Corn bread, smoked beef, bread, butter, tea, fresh fruit.







DORMITORY BUILDING. — A DORMITORY FOR WOMEN.

## SPECIAL DIET.

Bread and milk, boiled milk, milk toast, milk punch, eggnog, eggs in such form as may be prescribed, panada, dry toast, jelly, oatmeal, gruels, corn-starch, farina, tapioca, sago, chicken, steak, chops, tea, oysters, soups and broths.

Approved by the Board of Managers, August 1st, 1901.

D. B. means Dormitory Building.

## REGULATIONS CONCERNING FOREGOING DIETARY.

The schedule for the general diet is subject to changes only at regular times, and then by the Board of Managers, except in cases of emergency, when the Medical Director, on consultation with the Medical Committee of the Board, if accessible, or in cases of immediate emergency on his own authority, shall make such changes as may be necessary. All changes are to be recorded and reported to the Board at its next meeting by the Medical Director, with reasons therefor.

On Friday the fish shall comprise, from time to time, fresh and salt, including an occasional dish of oysters, the latter to be served to a portion of the house at a time.

A sufficient quantity of beef, hot or cold, shall, on Friday, be served to patients who do not eat fish.

Macaroni and vegetables of more than one kind besides potatoes, such as peas, beets, onions, parsnips, cabbage, tomatoes, &c., shall be supplied, not uniformly the same, but with due regard to variety.

Milk, when not served to all, shall be served as part of the special diet; prunes and apple sauce not to be served more than four times in a week, and, for the sake of variety, when apples are obtainable, they should be used so as to make two services of prunes and two of apple sauce, neither of them, in any case, to be substituted for fresh fruit when it can be procured with reasonable outlay.

Special diet to be served on order of the Medical Director.

## PATHOLOGICAL.

The report of the pathologist, Dr. Thomas P. Prout (resigned), will be found appended in full, as well as a brief outline of some experimental work done by Dr. William H. Barton, who succeeds Dr.

Prout as pathologist. It contains the findings at autopsies, a summary of other examinations made during the year, and a special report of work done on the blood in a few cases of pubescent and adolescent insanity. His observations tend to show that such cases suffer from almost the same toxic condition of the blood as is found in typhoid fever. Could such a condition of the blood be established as a constant factor in these cases, it would be of great value in the outlining of a rational treatment.

The Pathological Laboratory is in the new building, and has been arranged with especial reference to light and the needs of a modern laboratory. It consists of six rooms, one of which, with an accompanying dark-room, has been designed for photographic work, and will ultimately be so used. There is a field for useful work in microphotography, and as soon as possible we hope to do some work in that line. The main room is spacious and well lighted. The work of the laboratory has been considerably delayed, however, owing to the change from the old to the new quarters and the consequent refitting and furnishing necessary. When fully equipped we will have excellent facilities for pathological and bacteriological work.

#### AMUSEMENT AND EMPLOYMENT.

Following our custom in the past, we have during the year provided indoor entertainments for our patients to the extent our means would allow. This has included theatrical, musical and other entertainments of an amusing character calculated to divert the mind and temporarily, at least, banish dull care. Several entertainments with the phonograph, accompanied by brief lectures, have been given by the Medical Director, and these, from time to time, will be continued. They have proven a source of much enjoyment, as have our entertainments generally. Outdoor sports, in season, base-ball, golf, tennis, croquet, &c., have also received their share of patronage.

Dances are now being held in the amusement-room of the dormitory building, alternating weekly with the main building. When the amusement-room of the dormitory building is furnished with a stage, piano and suitable seating facilities, we will be able to provide entertainment for all who take an interest in dancing, concerts, lectures and the like, for the amusement hall in the main building is much too small for our present needs.

The underground passageway or tunnel connecting the main building with the new affords a safe and easy means of conducting patients to and from either building, and gives us a method of supervision over them at night which could not be obtained otherwise.

Appended will be found two tables illustrative of the manner in which we have kept all available patients employed, both in and out of doors, much to their benefit.

**TABLE I.**

**Number of Days' Work Done by Patients in the Industrial Department.**

DATE.	LAUNDRY.			Kitchen.	Farm and Grounds.	Bakery.	Shops.	Sewing-room.	Total.
	Men.	Women.	Total.						
1900.									
November.....	213	502	715	318	1,192	109	341	447	3,122
December.....	199	492	691	411	1,072	114	345	459	3,092
1901.									
January.....	185	549	734	417	862	109	374	487	2,983
February.....	166	559	725	369	775	95	354	454	2,772
March.....	172	485	657	324	734	83	360	506	2,664
April.....	161	498	659	281	1,061	82	257	524	2,864
May.....	181	556	737	347	1,386	122	253	590	3,485
June.....	206	342	548	423	1,360	97	257	540	3,225
July.....	200	463	663	524	1,187	108	279	566	3,327
August.....	205	502	707	488	1,355	100	276	533	3,459
September.....	223	503	726	436	1,085	122	220	599	3,188
October.....	263	532	795	368	1,255	141	325	609	3,493
Total.....	2,374	5,983	8,357	4,706	13,324	1,232	3,641	6,314	37,624

TABLE II.

Number of Days' Work Done by Patients on the Wards.

DATE.	Men.	Women.	Total.
1900.			
November.....	4,800	3,512	8,312
December.....	4,979	3,608	8,587
1901.			
January.....	4,991	3,654	8,645
February.....	4,508	3,299	7,807
March.....	5,357	3,565	8,922
April.....	5,248	3,420	8,668
May.....	4,851	3,475	8,326
June.....	4,830	4,440	9,270
July.....	5,106	4,875	9,981
August.....	5,350	5,020	10,370
September.....	5,072	5,494	10,566
October.....	5,365	5,939	11,304
Total.....	60,457	50,301	110,758

## CHAPEL SERVICE.

The following clergymen will continue to conduct religious services in the chapel according to the schedule in operation November 1st:

Rev. Dr. Albert Erdman, Presbyterian, Morristown.

Rev. Dr. Jesse L. Hurlbut, Methodist, Morristown.

Rev. Dr. William M. Hughes, Episcopalian, Morristown.

Rev. S. Z. Batten, Baptist, Morristown.

Rev. Father A. M. Egan, Roman Catholic, Morris Plains.

The following is the schedule of services for the coming year:

1901.		1902.	
November	3d....Roman Catholic.	May	4th....Methodist.
"	10th....Methodist.	"	11th....Baptist.
"	17th....Baptist.	"	18th....Episcopal.
"	24th....Episcopal.	"	25th....Presbyterian.
December	1st....Presbyterian.	June	1st....Roman Catholic.
"	8th....Roman Catholic.	"	8th....Methodist.
"	15th....Methodist.	"	15th....Baptist.
"	22d....Baptist.	"	22d....Episcopal.
"	29th....Episcopal.	"	29th....Presbyterian.
1902.		July	
January	5th....Presbyterian.	"	6th....Roman Catholic.
"	12th....Roman Catholic.	"	13th....Methodist.
"	19th....Methodist.	"	20th....Baptist.
"	26th....Baptist.	"	27th....Episcopal.
February	2d....Episcopal.	August	3d....Presbyterian.
"	9th....Presbyterian.	"	10th....Roman Catholic.
"	16th....Roman Catholic.	"	17th....Methodist.
"	23d....Methodist.	"	24th....Baptist.
March	2d....Baptist.	"	31st....Episcopal.
"	9th....Episcopal.	September	7th....Presbyterian.
"	16th....Presbyterian.	"	14th....Roman Catholic.
"	23d....Roman Catholic.	"	21st....Methodist.
"	30th....Methodist.	"	28th....Baptist.
April	6th....Baptist.	October	5th....Episcopal.
"	13th....Episcopal.	"	12th....Presbyterian.
"	20th....Presbyterian.	"	19th....Roman Catholic.
"	27th....Roman Catholic.	"	26th....Methodist.

"Each clergyman has an equal representation, and is responsible for the services on the date set apart for him. If, for any reason, he is unable to attend, it is understood that he will provide a substitute, with whom he is to arrange, so that the accounts of the Hospital can be kept with the clergyman responsible for the date, not with the substitute."

Adopted by the Board of Managers at a regular meeting September 1st, 1898.

#### RESIGNATIONS AND APPOINTMENTS.

Dr. Arthur S. Corwin, who has been a member of the Medical Staff as fourth assistant physician for the past three years, severed his connection with this Hospital on February 1st, 1901, to enter general hospital work.

Dr. Harry A. Cossitt was promoted from the position of interne to that of fourth assistant physician, to fill the vacancy made by Dr. Corwin's resignation.

Dr. Christopher C. Beling and Dr. Raymond D. Baker, following a competitive examination, were appointed as internes February 1st, 1901.

Dr. Thomas P. Prout, who for the past nine years has held the position of second assistant physician and pathologist, resigned, to take effect October 1st, 1901, to pursue his studies abroad.

To fill the position of second assistant physician, made vacant by the resignation of Dr. Prout, Dr. Peter S. Mallon, third assistant physician, was promoted, his appointment to take effect October 1st, 1901.

Dr. Harry A. Cossitt was promoted from fourth assistant physician to third assistant physician, October 1st, 1901.

Dr. William H. Barton, who has had considerable training and experience in pathological work, as well as the work of caring for the insane, was appointed fourth assistant physician and pathologist from October 1st, 1901. Dr. Barton had previously been connected with the Pathological Department of this Hospital.

Dr. Christopher C. Beling and Dr. Raymond D. Baker were promoted from internes to the positions of fifth and sixth assistant physicians, respectively, October 1st, 1901.

In closing this report it seems fitting that I should publicly acknowledge the value of the services rendered to this Hospital by both Dr. Corwin and Dr. Prout. Both were men devoted to their work and to the best interests of the Hospital. Both were close students, indefatigable workers, broad minded and liberal physicians, loyal men and Christian gentlemen. They carry with them the respect and good wishes of all with whom they were associated.

I beg to record my high appreciation of the conscientious and satisfactory manner in which my assistants on the Medical Staff have performed the many duties exacted of them.

Respectfully submitted,

BRITTON D. EVANS, M.D.,

*Medical Director.*

October 31st, 1901.

---

---

**STATISTICAL APPENDIX TO THE MEDICAL  
DIRECTOR'S REPORT.**

---

---

**(31)**









DORMITORY BUILDING.—ASSOCIATE DINING ROOM.

# STATISTICAL APPENDIX TO THE MEDICAL DIRECTOR'S REPORT.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR  
ENDING OCTOBER 31ST, 1901.

	<i>Men.</i>	<i>Women</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
In the Hospital October 31st, 1900.....	....	....	....	696	693	1,389
Patients admitted—						
First admissions .....	153	131	284	....	....	....
Re-admissions .....	11	16	27	....	....	....
Total .....	....	....	....	164	147	311
Total number of patients under treat- ment during the year.....	....	....	....	860	840	1,700
Patients discharged—						
Recovered .....	51	47	98	....	....	....
Improved .....	19	22	41	....	....	....
Unimproved .....	12	24	36	....	....	....
Died .....	68	64	132	....	....	....
Eloped .....	3	....	3	....	....	....
Total .....	....	....	....	153	157	310
Remaining in the Hospital.....	....	....	....	707	683	1,390
Of this number—there are, Public.....	626	600	1,226	....	....	....
Private.....	81	83	164	....	....	....
Total .....	....	....	....	707	683	1,390
Whole number admitted from August 17th, 1876, to October 31st, 1901.....	....	....	....	3,155	2,022	6,077
Whole number discharged during the same period of time—						
Recovered .....	685	668	1,353	....	....	....
Improved .....	501	524	1,025	....	....	....
Unimproved .....	222	266	488	....	....	....
Died .....	1,017	781	1,798	....	....	....
Eloped .....	23	....	23	....	....	....
Total .....	....	....	....	2,448	2,239	4,687
Remaining October 31st, 1901.....	....	....	....	707	683	1,390

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1900.									
November.....	14	8	22	11	6	17	693.	693.	1386.
December, .....	14	9	23	11	13	24	697.21	691.53	1388.74
1901.									
January.....	13	8	21	6	13	19	703.83	686.55	1390.38
February .....	13	7	20	8	15	18	714.81	678.12	1392.93
March.....	12	15	27	4	20	24	721.28	674.77	1396.05
April.....	7	13	20	19	13	32	717.46	668.28	1385.74
May.....	15	14	29	9	25	34	716.	670.	1386.
June .....	16	16	32	12	9	21	718.	662.	1380.
July.....	20	20	40	17	15	32	722.17	670.30	1392.47
August.....	15	10	25	17	10	27	724.61	670.89	1395.50
September.....	13	16	29	12	6	18	723.	677.	1400.
October.....	12	11	23	29	12	41	714.42	676.35	1390.77
Total .....	164	147	311	150	157	307	.....	.....	.....
For the year .....	.....	.....	.....	.....	.....	.....	713.81	676.57	1390.38

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

Attack.	Men.	Women.	Total.
First .....	128	112	240
Second .....	21	15	36
Third .....	11	14	25
Fourth .....	2	2	4
Fifth .....	1	3	4
Sixth or more.....	1	1	2
Total .....	164	147	311

TABLE IV.

## AGE WHEN ADMITTED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years.....	1	1	2
Fifteen to twenty years.....	6	11	17
Twenty to twenty-five years.....	19	15	34
Twenty-five to thirty years.....	20	16	36
Thirty to thirty-five years.....	19	15	34
Thirty-five to forty years.....	24	16	40
Forty to forty-five years.....	13	17	30
Forty-five to fifty years.....	14	11	25
Fifty to sixty years.....	29	18	47
Sixty to seventy years.....	13	11	24
Seventy to eighty years.....	5	13	18
Eighty years and over.....	1	3	4
Total .....	164	147	311

TABLE V.

## NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Connecticut .....	1	....	1
Iowa .....	....	1	1
Maine .....	1	....	1
Maryland .....	1	....	1
Massachusetts .....	3	1	4
New Jersey.....	46	56	102
New York.....	30	24	54
Ohio .....	3	1	4
Pennsylvania .....	6	3	9
Virginia .....	....	4	4
Washington, D. C.....	1	1	2
West Virginia.....	1	....	1
United States.....	3	....	3
Austria .....	3	2	5
Canada .....	1	....	1
China .....	1	....	1
Denmark .....	....	1	1
England .....	12	6	18
France .....	1	1	2
Germany .....	16	9	25
Holland .....	1	....	1
Hungary .....	1	2	3
Ireland .....	13	22	35
Italy .....	6	2	8
Norway .....	1	....	1
Nova Scotia.....	....	1	1
Poland .....	1	1	2
Russia .....	4	5	9
Scotland .....	4	1	5
Sweden .....	1	2	3
Switzerland .....	2	1	3
Total .....	164	147	311

TABLE VI.

RESIDENCE OF THOSE ADMITTED.			
<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen .....	13	16	29
Essex .....	32	25	57
Hudson .....	16	6	22
Morris .....	23	15	38
Middlesex .....	1	....	1
Passaic .....	34	40	74
Somerset .....	....	2	2
Sussex .....	6	7	13
Union .....	26	28	54
Warren .....	9	7	16
New York, N. Y. ....	4	1	5
Total .....	164	147	311

TABLE VII.

CIVIL CONDITION OF THOSE ADMITTED.			
<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single .....	78	58	136
Married .....	78	58	136
Widowed .....	8	31	39
Total .....	164	147	311

TABLE VIII.

OCCUPATION OF THOSE ADMITTED.			
<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Artisans .....	29	6	35
Carpenters .....	7	....	7
Clerks .....	26	....	26
Dentist .....	1	....	1
Dressmakers .....	....	6	6
Druggist .....	1	....	1
Farmers .....	8	....	8
Housewives .....	....	58	58
Housekeepers .....	....	13	13
Laborers .....	43	....	43
Merchants .....	14	....	14
Mechanics .....	12	....	12
Nurses .....	....	3	3
Sailors .....	4	....	4
Servants .....	2	24	26
Students .....	3	1	4
Teachers .....	1	1	2
No occupation.....	13	35	48
Total .....	164	147	311

TABLE IX.

## MENTAL DISEASE OF THOSE ADMITTED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	16	27	43
Mania, acute delirious.....	5	7	12
Mania, chronic.....	7	9	16
Mania, epileptic.....	4	3	7
Mania, puerperal.....	....	2	2
Mania, recurrent.....	8	9	17
Mania, toxic.....	19	6	25
Melancholia, acute.....	36	31	67
Melancholia, agitata.....	1	2	3
Melancholia, chronic.....	4	6	10
Melancholia, recurrent.....	2	5	7
Melancholia, stuporous.....	....	2	2
Dementia, epileptic.....	1	3	4
Dementia, organic.....	4	6	10
Dementia, parietic.....	26	....	26
Dementia, senile.....	7	11	18
Dementia, terminal.....	2	2	4
Imbecility.....	3	1	4
Imbecility with epilepsy.....	1	1	2
Insane Neuroses; Hypochondria.....	....	1	1
Insane Neuroses; Hysteria.....	....	1	1
Adolescent insanity.....	5	9	14
Pubescent insanity.....	1	1	2
Choreic insanity.....	1	....	1
Paranoia.....	11	2	13
Total.....	164	147	311

TABLE X.

## MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State.....	37	25	62
County.....	87	92	179
Private.....	40	30	70
Total.....	164	147	311



TABLE XI.

## ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<b>Physical—</b>			
Chorea .....	1	....	1
Congenital .....	1	1	2
Cerebral hemorrhage.....	3	4	7
Child-birth .....	....	5	5
Epilepsy .....	6	7	13
General ill health.....	1	10	11
Heredity .....	14	25	39
Injury .....	8	....	8
Intemperance and other excesses.....	31	4	35
Masturbation .....	10	1	11
Menopause .....	....	9	9
Morphine .....	4	4	8
Multiple sclerosis.....	....	2	2
Old age.....	4	9	13
Overwork .....	6	1	7
Puberty .....	1	1	2
Pregnancy .....	....	1	1
Scarlet fever.....	1	....	1
Sunstroke .....	5	1	6
Syphilis .....	11	3	14
Tubes dorsalis.....	1	....	1
<b>Total physical.....</b>	<b>108</b>	<b>88</b>	<b>196</b>
<b>Moral—</b>			
Business troubles.....	4	....	4
Domestic troubles.....	2	4	6
Disappointed affections.....	3	2	5
Financial reverses.....	....	2	2
Fright .....	1	3	4
Grief .....	1	2	3
Religious excitement.....	1	6	7
Worry .....	4	7	11
<b>Total moral.....</b>	<b>16</b>	<b>26</b>	<b>42</b>
<b>Total physical.....</b>	<b>108</b>	<b>88</b>	<b>196</b>
<b>Total moral.....</b>	<b>16</b>	<b>26</b>	<b>42</b>
<b>Unassigned .....</b>	<b>40</b>	<b>33</b>	<b>73</b>
<b>Total .....</b>	<b>164</b>	<b>147</b>	<b>311</b>

TABLE XII.

COMPLICATIONS OF THOSE ADMITTED.

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Amenorrhœa .....	2	2	2
Anæmia .....	2	2	2
Aphasia, motor.....	1	....	1
Brachycardia .....	1	....	1
Carcinoma .....	1	1	1
Cataract .....	1	1	2
Chorea .....	1	....	1
Cystitis .....	....	1	1
Eczema .....	1	....	1
Emphysema .....	....	2	2
Endocarditis .....	11	26	37
Epilepsy .....	6	7	13
Gangrene of toes.....	....	1	1
Gastritis .....	2	1	3
Hemiplegia .....	3	2	5
Hemorrhoids .....	2	1	3
Hernia .....	4	....	4
Interstitial keratitis.....	....	1	1
Lead poisoning.....	1	....	1
Mastitis .....	....	2	2
Multiple neuritis.....	....	1	1
Multiple sclerosis.....	....	3	3
Nephritis .....	1	16	17
Obstinate constipation.....	1	....	1
Optic neuritis.....	1	....	1
Pneumonia .....	2	....	2
Pregnancy .....	....	1	1
Pulmonary tuberculosis.....	1	3	4
Rheumatoid arthritis.....	....	1	1
Scoliosis .....	....	2	2
Syphilis .....	19	2	21
Tabes dorsalis.....	....	1	1
Uterine or ovarian disease.....	....	2	2
Varicocele .....	2	....	2
Varicose veins.....	1	1	2
Homicidal tendencies.....	36	25	51
Suicidal tendencies.....	35	45	80
Without complications.....	106	83	189

In this table patients who had a number of complications have been noted more than once. Therefore the totals would have no significance.

TABLE XIII.

HEREDITY OF THOSE ADMITTED.			
<i>Heredity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Insanity in family.....	25	40	65
Hereditary taint denied.....	61	74	135
Hereditary history unobtainable.....	78	33	111
Total .....	164	147	311

TABLE XIV.

DURATION OF DISEASE BEFORE ADMISSION.			
<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	60	47	107
One to three months.....	30	30	60
Three to six months.....	22	17	39
Six to twelve months.....	16	12	28
One to two years.....	12	9	21
Two to three years.....	9	5	14
Three to four years.....	1	3	4
Four to five years.....	4	4	8
Five to ten years.....	5	11	16
Ten to twenty years.....	2	6	8
Over twenty years.....	3	3	6
Total .....	164	147	311

TABLE XV.

AGE WHEN ATTACKED OF THOSE RESTORED.			
<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Fifteen to twenty years.....	2	4	6
Twenty to twenty-five years.....	8	2	10
Twenty-five to thirty years.....	9	11	20
Thirty to thirty-five years.....	7	5	12
Thirty-five to forty years.....	6	11	17
Forty to forty-five years.....	7	3	10
Forty-five to fifty years.....	5	4	9
Fifty to sixty years.....	5	5	10
Sixty to seventy years.....	2	2	4
Total .....	51	47	98





**DORMITORY BUILDING.—LABORATORY.**

TABLE XVI.

## DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	25	23	48
One to three months.....	9	8	17
Three to six months.....	11	2	13
Six to twelve months.....	1	6	7
One to two years.....	....	3	3
Over two years.....	5	5	10
Total .....	51	47	98

TABLE XVII.

## DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	2	2	4
One to two months.....	2	3	5
Two to three months.....	8	8	16
Three to four months.....	2	8	10
Four to five months.....	3	6	9
Five to six months.....	7	4	11
Six to nine months.....	10	9	19
Nine to twelve months.....	6	2	8
Twelve to eighteen months.....	5	2	7
Eighteen to twenty-four months.....	2	2	4
Over two years.....	4	3	7
Total .....	51	47	98

TABLE XVIII.

## MENTAL DISEASE OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	5	11	16
Mania, acute delirious.....	2	2	4
Mania, chronic.....	2	1	3
Mania, puerperal.....	....	3	3
Mania, recurrent.....	1	3	4
Mania, toxic.....	18	6	24
Melancholia, acute.....	18	12	30
Melancholia, agitata.....	2	1	3
Melancholia, chronic.....	....	1	1
Melancholia, recurrent.....	....	3	3
Adolescent insanity.....	2	2	4
Pubescent insanity.....	1	1	2
Insane neuroses; Hysteria.....	....	1	1
Total .....	51	47	98

TABLE XIX.

<i>Age.</i>	<b>AGE AT DEATH.</b>		
	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Twenty to twenty-five years.....	2	3	5
Twenty-five to thirty years.....	1	4	5
Thirty to thirty-five years.....	5	6	11
Thirty-five to forty years.....	7	2	9
Forty to forty-five years.....	8	5	13
Forty-five to fifty years.....	7	3	10
Fifty to sixty years.....	16	8	24
Sixty to seventy years.....	12	15	27
Seventy to eighty years.....	8	14	22
Eighty to ninety years.....	2	4	6
Total .....	68	64	132
Average age at death.....	53	55	54

TABLE XX.

	<b>MENTAL DISEASE OF THOSE WHO DIED.</b>		
<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	1	1	2
Mania, acute delirious.....	2	3	5
Mania, chronic.....	1	5	6
Mania, epileptic.....	1	....	1
Mania, recurrent.....	1	2	3
Melancholia, acute.....	3	4	7
Melancholia, agitata.....	....	1	1
Melancholia, chronic.....	3	5	8
Melancholia, stuporous.....	1	1	2
Dementia, epileptic.....	1	3	4
Dementia, organic.....	2	4	6
Dementia, parietic.....	23	....	23
Dementia, primary.....	....	1	1
Dementia, senile.....	10	14	24
Dementia, terminal.....	17	17	34
Imbecility with epilepsy.....	1	3	4
Adolescent insanity.....	1	....	1
Total .....	68	64	132

TABLE XXI.

CAUSES OF DEATH.			
<i>Causes.</i>		<i>Men.</i>	<i>Women. Total.</i>
<b>Mania—</b>			
Acute, with endocarditis.....	....	1	1
Acute, with exhaustion.....	1	....	1
Acute delirious, with exhaustion.....	1	2	3
Acute delirious, with nephritis.....	....	1	1
Acute delirious, with pneumonia.....	1	....	1
Chronic, with carcinoma of rectum.....	....	1	1
Chronic, with nephritis.....	1	....	1
Chronic, with pneumonia.....	....	1	1
Chronic, with tuberculosis.....	....	3	3
Epileptic, with asthenia senilis.....	1	....	1
Recurrent, with endocarditis.....	....	1	1
Recurrent, with typhoid fever.....	....	1	1
Recurrent, with nephritis.....	1	....	1
<b>Melancholia—</b>			
Acute, with dysentery.....	....	1	1
Acute, with exhaustion.....	1	....	1
Acute, with pneumonia.....	2	1	3
Acute, with tuberculosis.....	....	1	1
Acute, with typhoid fever.....	....	1	1
Agitata, with shock from burn.....	....	1	1
Chronic, with carcinoma of uterus.....	....	1	1
Chronic, with colitis.....	1	....	1
Chronic, with endocarditis.....	....	2	2
Chronic, with gastritis.....	....	1	1
Chronic, with nephritis.....	....	1	1
Chronic, with pneumonia.....	1	....	1
Chronic, with uræmia.....	1	....	1
Stuporous, with convulsions.....	1	....	1
Stuporous, with nephritis.....	....	1	1
<b>Dementia—</b>			
Epileptic, with cerebral hemorrhage.....	....	1	1
Epileptic, with pneumonia.....	....	1	1
Epileptic, with status epilepticus.....	1	1	2
Organic, with carcinoma of breast.....	....	1	1
Organic, with cerebral embolism.....	1	....	1
Organic, with cerebral hemorrhage.....	....	1	1
Organic, with exhaustion.....	1	....	1
Organic, with multiple sclerosis.....	....	1	1
Organic, with nephritis.....	....	1	1
Paretic, with colitis.....	1	....	1
Paretic, with convulsions.....	9	....	9
Paretic, with endocarditis.....	1	....	1
Paretic, with exhaustion.....	8	....	8
Paretic, with nephritis.....	1	....	1
Paretic, with pneumonia.....	3	....	3
Primary, with exhaustion.....	....	1	1
Senile, with cerebral hemorrhage.....	2	2	4



Senile, with diabetes.....	1	1	
Senile, with endocarditis.....	1	4	5
Senile, with entero-colitis.....	1	1	1
Senile, with exhaustion.....	3	2	5
Senile, with nephritis.....	2	3	5
Senile, with pneumonia.....	2	....	2
Senile, with senile gangrene.....	1	1	1
Terminal, with carcinoma of breast.....	1	1	1
Terminal, with cerebral hemorrhage.....	4	2	6
Terminal, with colitis.....	1	....	1
Terminal, with cystitis.....	1	....	1
Terminal, with emphysema.....	1	....	1
Terminal, with endocarditis.....	1	3	4
Terminal, with entero-colitis.....	....	1	1
Terminal, with exhaustion.....	4	4	8
Terminal, with intestinal obstruction.....	1	....	1
Terminal, with nephritis.....	1	1	2
Terminal, with pneumonia.....	1	1	2
Terminal, with suppurative cholecystitis.....	1	....	1
Terminal, with tuberculosis.....	1	4	5
Imbecility, with epilepsy, tuberculosis.....	....	1	1
Imbecility, with epilepsy, gastro-enteritis.....	....	1	1
Imbecility, with epilepsy, status epilepticus.....	1	1	2
Adolescent insanity, with endocarditis.....	1	....	1
Total .....	08	64	132

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

<i>Years.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Increase.</i>
October 31st, 1876.....	159	183	342	....
October 31st, 1877.....	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879.....	248	279	527	47
October 31st, 1880.....	277	309	586	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	26
October 31st, 1883.....	330	377	707	40
October 31st, 1884.....	371	374	745	38
October 31st, 1885.....	415	414	829	84
October 31st, 1886.....	415	441	856	27
October 31st, 1887.....	434	439	873	17
October 31st, 1888.....	463	441	904	31
October 31st, 1889.....	427	430	*857	....
October 31st, 1890.....	450	436	886	29
October 31st, 1891.....	455	443	898	12
October 31st, 1892.....	471	478	949	51
October 31st, 1893.....	509	500	1,009	60
October 31st, 1894.....	520	530	1,050	41
October 31st, 1895.....	541	575	1,116	66
October 31st, 1896.....	538	550	§1,088	....
October 31st, 1897.....	593	584	1,177	89
October 31st, 1898.....	618	618	1,236	59
October 31st, 1899.....	658	644	1,302	66
October 31st, 1900.....	696	693	1,389	87
October 31st, 1901.....	707	683	¶1,390	1

\* One hundred patients transferred to Essex county hospital.

§ Eighty-five patients transferred to Hudson county asylum.

¶ Twenty-five patients removed by Hudson and Passaic counties.



---

---

**REPORTS OF**  
**Thos. P. Prout, M.D., and Wm. H. Barton, M.D., Pathologists.**

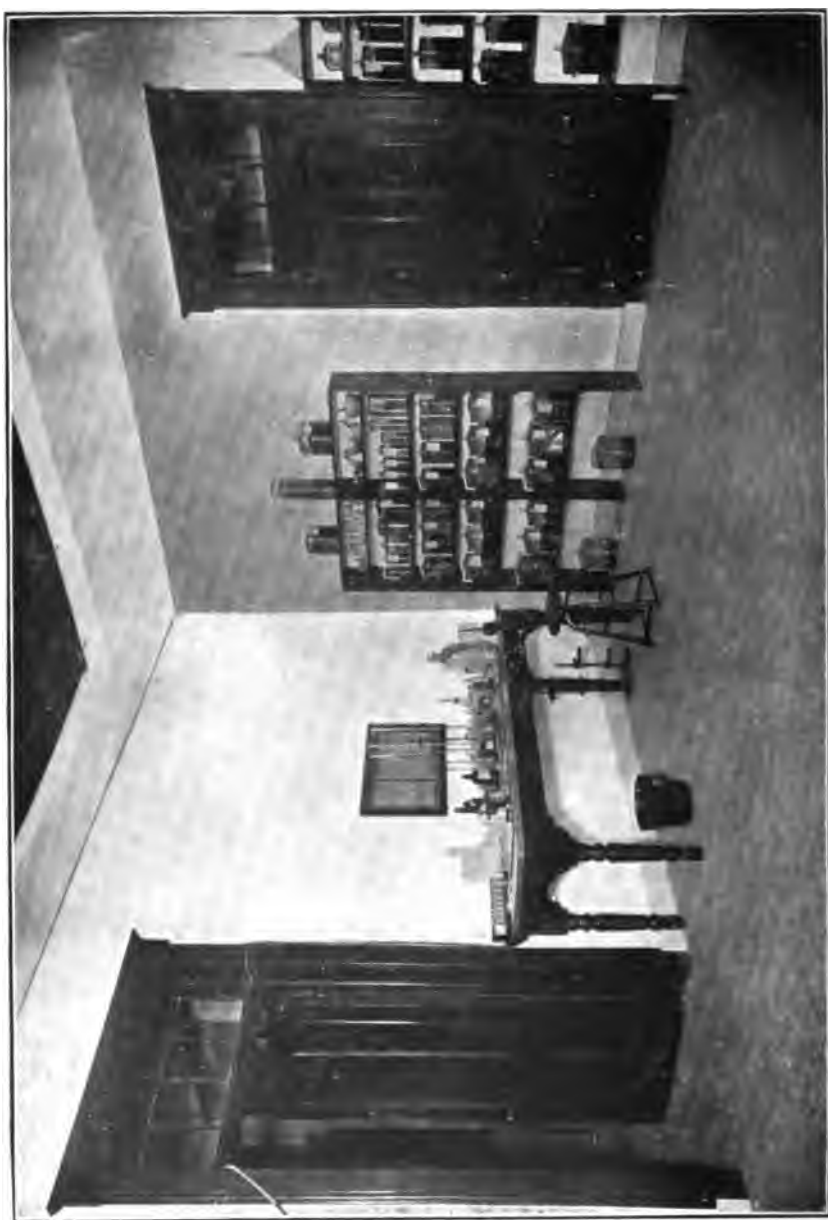
---

---

(47)







DORMITORY BUILDING.—ANNEX TO LABORATORY.

# REPORT IN PATHOLOGY.

## *To the Medical Director:*

The following tables comprise the main facts regarding the six autopsies during the past year. The regular work of the laboratory has been seriously interfered with owing to the removal to the new quarters provided in the dormitory building. The autopsies comprised the following forms of mental disease:

Dementia, organic.....	1
Dementia, senile.....	2
Dementia, terminal.....	2
Melancholia, chronic.....	1

TABLE I.

No.	Sex.	Age.	Mental Disease.	Duration.	Anatomical Diagnosis.
265	M.	33	Melancholia, chronic....	4 years.....	Embolie pneumonia. Fatty degeneration of liver. Chronic diffuse nephritis.
266	M.	58	Dementia, terminal.....	22 years .....	Chronic external pachymeningitis. Acute pulmonary cedema, with pulmonary tuberculosis. Chronic gastritis. Chronic diffuse nephritis.
267	F.	75	Dementia, senile.....	2 years.....	Chronic general pachymeningitis. Acute cerebral hemorrhage. Chronic endarteritis. Chronic interstitial nephritis.
268	M.	48	Dementia, organic.....	19 years.....	Chronic diffuse nephritis. Chronic cystitis. Chronic pachymeningitis.
269	M.	70	Dementia, senile.....	6 years.....	Acute pulmonary cedema. Chronic endocarditis. Chronic diffuse nephritis.
270	M.	65	Dementia, terminal.....	35 years.....	Chronic pleuritis. Acute gastritis. Acute suppurative chole-cystitis, with hepatic abscess. Chronic diffuse nephritis. Hepatic adenoma.



TABLE II

No.	GROSS LESIONS OF ORGANS.	<i>Brain Membranes.</i>	<i>Brain.</i>
	<i>Dementia, organic.</i>		
268	Heart—Fatty. Ante-mortem clot in right and left ventricles. Liver—Edges blunt. Areas of sclerosis in left lobe. Substance congested. Kidneys—Capsule thickened. Surface roughened. Cortex almost obliterated. No striations. Malpighian tufts poorly defined. Bladder—Full. Mucous lining congested and considerably thickened.	Dura thickened and congested. Pia thickened, oedematous and slightly congested.	Vessels at base atheromatous.
	<i>Dementia, senile.</i>		
267	Lungs—Pleural surfaces adherent at right apex. Areas of consolidation at the base. Marked congestion at apex. Heart—Small. Muscle soft. Tricuspid valve thickened. Liver—Adhesions on under surface. Lobules well defined. Areas of fatty degeneration. Kidneys—Small. Capsule adherent. Cortex obliterated. Malpighian tufts poorly defined.	Dura thickened. Pia—Areas of thickening along median fissure.	Vessels at base show great atheroma. An aneurismal sac on anterior communicating artery. Cortex thin. Substance congested. Vessels of ependyma injected.
269	Lungs—Pleural surfaces adherent. Bronchi inflamed. Heart—Muscle firm. Mitral valve thickened. Aortic valve calcareous. Spleen—Capsule thickened and adherent. Substance of increased consistence. Kidneys—Capsule adherent. Surface roughened. Striations and Malpighian tufts poorly defined. Liver—Large. Capsule thickened. Substance congested.		Not examined.

TABLE II.—Con.

No.	GROSS LESIONS OF ORGANS.	Brain Membranes	Brain.
<i>Dementia Terminal.</i>			
266	<p>Lungs—Markedly cedematous. Pleural surfaces adherent over diaphragm. Areas of hypostatic pneumonia. Pulmonary vein partially filled with a thrombus.</p> <p>Heart—Mitral and aortic valves thickened. Coronary arteries atheromatous</p> <p>Liver—Surface roughened. Adherent to diaphragm. Substance of increased consistence.</p> <p>Kidneys—Fatty. Small. Capsule thickened and adherent. Surface roughened. Substance of increased consistence. Cortex almost obliterated Cyst in cortex.</p>	Dura thickened. Pia thickened, congested and adherent.	Substance congested. Frontal convolutions of both sides atrophied. Cortex thin.
270	<p>Lungs—Pleural surfaces adherent and thickened. Hypostatic. Consolidated and cedematous.</p> <p>Heart—Mitral valve thickened. Aortic valve shows calcareous deposits.</p> <p>Liver—Large. Abscesses in the left lobe. Substance of diminished consistence. Growth on lower border of great lobe.</p> <p>Spleen—Capsule thickened. Diminished consistence. Malpighian corpuscles pale.</p> <p>Kidneys—Surface roughened. Several cysts in cortex. Striations poorly defined. Substance of increased consistence.</p>		Not examined.
<i>Melancholia, chronic.</i>			
265	<p>Lungs—Pleura adherent. Posterior lobe almost completely consolidated. A large embolic abscess at juncture of upper and middle third posteriorly.</p> <p>Liver—Substance of diminished consistence.</p>	Dura thickened and adherent. Pia thickened and adherent.	Substance of greatly diminished consistence. Convolutions atrophied in frontal and parietal regions of both sides.

It will be seen from the above table that all of the cases presented a gross kidney lesion, probably due in some measure to the advanced age of the patients, as their average age at death was a little over fifty-eight years. By reproducing last year's table and making the necessary additions to it for the past year, the percentage of insane cases showing gross kidney lesion by ages for the past seven years appears as follows:

<i>Age.</i>	<i>No.</i>	<i>Showing Gross Kidney Lesion.</i>	<i>Without Gross Kidney Lesion.</i>	<i>Per cent. Showing Gross Kidney Lesion.</i>
Below 30.....	18	7	11	38.8
30 to 40.....	21	13	8	61.9
40 to 50 .....	31	24	7	77.4
50 to 60.....	23	15	8	65.2
60 and over.....	41	34	7	82.9
Total .....	134	93	41	69.4

The percentages in the above table are little changed from those appearing in last year's table. The percentage on the total number is a little higher.

The number of urinalyses during the past year has been 225. This has in most instances included a microscopical examination of the sediment.

There have been 31 blood examinations, most of which included a differential count of 500 leucocytes.

The sputa examinations number 31, and there has been an examination and report on 9 pathological specimens comprising various forms of tumors.

#### BLOOD EXAMINATIONS IN CERTAIN CASES OF INSANITY AT THE PUBESCENT AND ADOLESCENT PERIODS.

During the past four years we have done some work on the blood of certain classes of the insane. In the first table following are gathered 14 cases of insanity during the adolescent period, some of which were followed with a greater or lesser regularity for a considerable period, observation of blood conditions being made after the patient had been subjected to various forms of treatment. The subjoined table is made up, however, from the preliminary examinations only.

In making these blood examinations great care has been exercised in order to avoid the great sources of error from faulty technique.

In a field where minute changes in technique make such vast differences in the result, the personal equation of the operator becomes a matter of prime importance. During the past five years we have done more than 250 blood examinations, including a differential count of 500 leucocytes in nearly every instance. The Thoma-Zeiss apparatus has been used, and in estimating the number of red and white blood cells several fields have been counted from at least two different pipettes in each instance. In estimating the number of white blood cells, at least four fields have been counted from two different pipettes. In the matter of the differential count, the blood smears were always made in the same manner and with the same instruments and very uneven blood films have always been rejected.

We feel reasonably confident, therefore, that the figures given in the succeeding tables are as near correct as our present instruments and methods will allow.

The first table gives the preliminary blood examination in a number of cases of insanity at the pubescent and adolescent periods. It will be noted that one case, that of T. C., was well past either of these periods, but the symptoms presented were so similar that I have included his case in the table. The general symptoms of this group of cases were similar, the most marked being the mental confusion which was without exception very pronounced. The power of volition was greatly inhibited. In many of these cases the patient responded to a given stimulus if it was sufficiently pronounced, but most of the time remained dull and apathetic. Eight of the fourteen cases presented a period of maniacal excitement subsequently passing into a somnolent condition from which they were aroused with difficulty. Six of the cases presented cataleptic symptoms at various intervals. A symptom that was pronounced in every case was a general sluggishness of the circulation. This was most pronounced in the extremities, which often appeared blue and occasionally slightly swollen. If the ward was the least bit chilled, the patient presented a pinched appearance and the extremities were cold and clammy. The table follows:

TABLE.

Name.	Age.	Blood Examination.		Differential Count.			
		Red blood cells.	White blood cells.	Lymphocytes.	Large lymphocytes.	Multinuclear neutrophils.	Eosinophiles.
A. A. C.....	18	5,856,000	5,560	Per ct. 32.5	Per ct. 13.	Per ct. 54.	Per ct. .5
H. C. H.....	22	4,624,000	6,316	15.4	13.	67.4	4.2
E. R. D.....	21	5,908,000	3,920	19.6	21.2	56.6	.6
S. V. A.....	21	5,720,000	6,400	32.0	9.2	55.8	3.0
O. C.....	18	6,000,000	7,000	.....	.....	.....	.....
H. D.....	16	5,660,000	2,900	34.0	8.7	56.5	.7
J. D. B.....	24	6,520,000	5,040	19.2	12.6	66.8	1.4
H. F.....	15	5,468,000	6,200	32.8	13.8	51.4	2.0
T. C.....	35	4,916,000	4,850	24.0	17.2	57.0	1.8
J. S.....	25	5,784,000	6,600	38.5	16.5	42.0	5.0
R. S.....	18	5,180,000	5,250	36.0	8.4	54.4	1.2
T. C.....	22	5,128,000	4,933	17.0	9.4	72.6	1.0
A. A. T.....	24	5,616,000	4,600	40.0	10.0	48.4	1.3
A. G.....	21	5,786,000	5,680	29.7	15.0	55.2	.0
Average .....	21.4	5,583,280	5,375	28.5	12.9	56.9	1.7

The points of particular interest are the very high average of the count of the red blood cells and the very low count of the white blood cells. To put the matter in another way, instead of there being (as normally) about 1 white cell to 500 or 700 red cells, we have in this class of cases about 1 white blood cell to 1,038 red blood cells. It thus appears that leucocytes, the cells which are known to antagonize certain poisonous organisms and their products, are not only not increased in this group of conditions, but are positively diminished. There is one condition with which we are fairly well acquainted in which the leucocytes behave in a similar manner. In typhoid fever the leucocytes are often positively diminished (leucopœnia) as in the symptom complex with which we are dealing. In that condition the toxic substance producing this effect on the leucocytes is fairly well known. Have we not, then, in this group of cases evidence of the action of some toxic substance, the effect of which on the leucocytes is very similar to the typhoid toxins?

The extremes in the proportion of the white cells to red cells in the above group of cases are of interest. In the case of E. R. D. the proportion was 1 to 1,507. In the case of H. D. the proportion rose

to 1 to 1,951, but this case was also complicated with diabetes mellitus, a disturbing element of no small proportion. The proportion of white blood cells to red blood cells was lowest in the case of H. C. H., in which they were only 1 to 732; a condition not improbably due to a marked improvement in the patient's general physical condition when the blood examination above noted was made. Then follows in regular order the case of O. C., in which the proportion of white cells to red cells was 1 to 857; J. S., with 1 to 876; H. F., with 1 to 880; S. V. A., with 1 to 893, and R. S. M., with 1 to 984. In all of the other cases (eight in number), the proportion of red blood cells to white blood cells was above 1 to 1,000. We have, then, in these cases a group of mental and physical symptoms occurring at the formative period of the individual, which are characterized so far as the blood examination is concerned by a diminished number of leucocytes both actually and relatively.

The actual diminution in the number of leucocytes is presented in a more graphic manner by a glance at the table which follows. In next to the last column of the table are given the number of leucocytes actually present and as given in the preceding table. In the last column are given the number of leucocytes that should have been found on a basis of 1 leucocyte to every 700 red blood cells. This proportion (1-700) is about the lowest attained by the individual in a state of perfect health, and rises to 1 to 500 or more soon after a hearty meal.

TABLE.

<i>Name.</i>	<i>Number of Red Blood Cells per Cubic Mil- limeter.</i>	<i>Number of White Blood Cells per Cubic Mil- limeter.</i>	<i>Number of White Blood Cells that should have been present, estimat- ing a proportion of 1 White to 700 Red Cells.</i>
A. A. C.....	5,856,000	5,560	8,365
H. C. H.....	4,624,000	6,316	6,605
E. B. D.....	5,908,000	3,920	8,440
S. V. A.....	5,720,000	6,400	8,171
O. C.....	6,000,000	7,000	8,571
H. D.....	5,660,000	2,900	8,085
J. D. B.....	6,520,000	5,040	9,314
H. F.....	5,468,000	6,200	7,811
T. C.....	4,916,000	4,850	7,023
J. S.....	5,784,000	6,600	8,263
B. S. M.....	5,180,000	5,250	7,400
T. C.....	5,128,000	4,933	7,326
A. A. T.....	5,616,000	4,600	8,023
A. G.....	5,786,000	5,680	8,265

The average number of white blood cells found in these 14 cases is seen to be 5,375 per cubic millimeter. The average that should have been found, estimating on a basis of one white cell to 700 red cells as being about the lowest possible normal proportion, is seen to be about 7,900. We have, therefore, in these cases a reduction in the number of leucocytes actually amounting to 32 per cent.

THOMAS P. PROUT.





DORMITORY BUILDING. —MALE SUPERVISOR'S OFFICE.



## PATHOLOGICAL SUPPLEMENT.

---

The outline of the work laid out by the laboratory of the New Jersey State Hospital for the ensuing year is as follows:

- (a) Monthly bacteriological and chemical examination of water from reservoirs Nos. 2, 3 and 4.
- (b) Monthly bacteriological and chemical examination of water from the four filter-bed outlets.
- (c) Examination of blood, urine and stomach contents.
- (d) Autopsies and microscopic examination of tissues from same.
- (e) As a special topic, the examination of the excreta of acute melancholians, their toxicity, variability and constituents, so far as the regular routine will permit.

The bacteriological and chemical examinations of reservoirs 2, 3 and 4 and the outlet from filter-beds gave the following results:

### (a) Reservoir No. 2.

Reaction.....	Neutral.
Total solids.....	20 gms. per 1,000 c. c.
Volatile solids.....	2.5 gms. per 1,000 c. c.
Nitrates.....	.000675 gms. per 1,000 c. c.
Nitrites.....	Absent.
Ammonia.....	.00196 gms. per 1,000 c. c.
Chlorine.....	42 gms. per 1,000 c. c.
Bacteria.....	350 to 1 c. c.
Bacteria.....	5,760 to 1 c. c. of the same water drawn from faucet on fourth floor center.

### Reservoir No. 3.

Bacteria.....	256 in 1 c. c.
---------------	----------------

### Reservoir No 4.

Reaction.....	Neutral.
Total solids.....	17 gms. per 1,000 c. c.
Volatile solids.....	1.5 gms. per 1,000 c. c.
Nitrates.....	.028.
Nitrites.....	Absent.
Ammonia.....	.000157.
Bacteria.....	100 to 1 c. c.

Sewer outlet No. 3.

Bacteria..... 116 to 1 c. c.

Sewer outlet No 4.

Bacteria..... 175 to 1 c. c.

No growth in either specimen in Parrietti's Sol.

In other words, the bacteriological and chemical analyses of reservoir No. 2 was good in the reservoir itself, but the marked increase of non-pathogenic bacteria in the same water taken from the faucets in the center building makes it suspicious for drinking purposes. The increase seems to be entirely in one type of bacteria, and evidently takes place in the pipes.

The bacteriological examinations of reservoir No. 3 showed it to be fairly good; there were no pathogenic germs therein, and the total number of bacteria was within the limit of healthful drinking water.

The bacteriological and chemical examinations of reservoir No. 4 were good, making the waters of the several reservoirs, with the exception of No. 2, good for drinking purposes, and that of No. 2 usable.

The results obtained from the bacteriological examination of the filter-bed outlets were especially satisfactory as regards quality.

During the month there have been examined 63 specimens of urine, 20 specimens of blood, 3 bacteriological examinations of pus, and 2 autopsies performed.

Respectfully submitted,

WILLIAM H. BARTON, M.D.,

*Pathologist.*

## DONATIONS.

---

The following is a list of the newspapers which have been sent regularly to the Hospital gratuitously, and are always welcome and appreciated :

The Observer.....	Hoboken.
The Jersey City News.....	Jersey City.
The Evening Journal.....	Jersey City.
The New Jersey Staats Zeitung.....	Jersey City.
The Evening News.....	Hoboken.
The Bayonne Budget.....	Bayonne.
The Kearny Observer.....	Kearny and Arlington.
Hudson County Review.....	Town of Union.
Hunterdon County Democrat.....	Flemington.
Hunterdon Independent.....	Frenchtown.
The Clinton Democrat.....	Clinton.
The Lambertville Record.....	Lambertville.
The Newark Sunday Call.....	Newark.
Town Talk.....	Newark.
New Jersey Trade Review.....	Newark.
New Jersey Deutsche Zeitung.....	Newark.
Newark Evening News.....	Newark.
South Orange Bulletin.....	South Orange.
The Republican.....	Westfield.
The Railroad Employee.....	Hoboken.
Daily True American.....	Trenton.
Union Democrat.....	Rahway.
Der Haus-Freund.....	Elizabeth.
Evening Record.....	Hackensack.
Newark Tribune.....	Newark.
Newark Pioneer.....	Newark.
The Bloomfield Record.....	Bloomfield.
The Bloomfield Citizen.....	Bloomfield.
The Newark Item.....	Newark.
The Orange Journal.....	Orange.
Orange Sontagsblatt.....	Orange.
The Short Hills Item.....	Short Hills.
The Advance.....	Jamesburg.
Southwestern Presbyterian.....	New Orleans, La.
Paterson Volksfreund.....	Paterson.
De Telegraf.....	Paterson.
Paterson Evening News.....	Paterson.
Passaic Daily News.....	Passaic.

Passaic City Record.....	Passaic.
The Union County Standard.....	Westfield.
The Westfield Leader.....	Westfield.
The Constitutionalist.....	Plainfield.
The Daily Press.....	Plainfield.
The Summit Herald.....	Summit.
The Summit Record.....	Summit.
Elizabeth Daily Journal.....	Elizabeth.
Union County Record.....	Elizabeth.
Freie Press.....	Elizabeth.
The New Jersey Advocate.....	Rahway.
The Hackensack Republican.....	Hackensack.
The Bergen County Index.....	Hackensack.
The Englewood Times.....	Englewood.
Bergen County Herald.....	Rutherford.
Carlstadt Freie Press.....	Carlstadt.
Hunterdon Republican.....	Flemington.
Democrat-Advertiser .....	Flemington.
The Milford Leader.....	Milford.
The Frenchtown Star.....	Frenchtown.
The Morris County Chronicle.....	Morristown.
The True Democratic Banner.....	Morristown.
The Evening Express.....	Morristown.
The Jerseyman.....	Morristown.
The Iron Era.....	Dover.
The Dover Index.....	Dover.
The Morris Journal.....	Dover.
The Madison Eagle.....	Madison.
The Rockaway Record.....	Rockaway.
The Boonton Weekly Journal.....	Boonton.
The New Jersey Herald.....	Newton.
The Post.....	Phillipsburg.
The Warren Democrat.....	Phillipsburg.
The Warren Republican.....	Hackettstown.
The Warren Journal.....	Belvidere.
The Warren Tidings.....	Washington.
The Washington Star.....	Washington.
The Morning Call.....	Paterson.
The Paterson Daily Press.....	Paterson.
Paterson Daily Guardian.....	Paterson.

---

---

**TREASURER'S REPORT.**

---

---

**(61)**



# TREASURER'S REPORT.

---

*To the Managers of The New Jersey State Hospital at Morris Plains,  
New Jersey:*

**GENTLEMEN**—The Treasurer of The New Jersey State Hospital at Morris Plains, New Jersey, respectfully submits the following abstract of receipts and disbursements from November 1st, 1900, to October 31st, 1901, inclusive:

## *Receipts.*

Balance on hand November 1st, 1900.....		\$5,494 38
From State Treasurer for convict patients.....	\$15,000 00	
State Treasurer for county patients.....	54,242 83	
State Treasurer for State indigent patients..	15,000 00	
State Treasurer for amount of lapsed appropriation for contracts on new building....	28,186 27	
State Treasurer for appropriation for laying gas mains to new building.....	1,400 00	
Sundry counties for maintenance of county patients .....	179,965 86	
Private patients.....	62,327 46	
Hides, tallow, &c.....	18,277 75	
First National Bank, Morristown, N. J. for interest .....	117 25	
		\$374,517 42
		\$380,011 80

## *Disbursements.*

On orders of Warden.....	\$366,699 36	
• Balance in Treasurer's hands.....	13,312 44	
		\$380,011 80

G. C. HINCHMAN,  
*Treasurer.*

THE NEW JERSEY STATE HOSPITAL AT  
MORRIS PLAINS, N., J., November 14th, 1901.

We hereby certify that we have examined the Treasurer's accounts and compared the same with his books and vouchers and find them in accordance with the above statement, and correctly stated and balanced.

J. A. McBRIDE,  
JOHN C. EISELE,  
*Auditing Committee.*



*Recapitulation.*

State Treasurer, convict patients—		
First quarter.....	\$1,294 29	
Second quarter.....	4,253 57	
Third quarter.....	4,443 57	
Fourth quarter.....	2,008 57	
	<hr/>	\$15,000 00
State Treasurer, county patients—		
First quarter.....	\$13,361 71	
Second quarter.....	17,719 26	
Third quarter.....	13,187 14	
Fourth quarter.....	9,974 72	
	<hr/>	54,242 83
State Treasurer, indigent patients—		
First quarter.....	\$4,973 86	
Third quarter.....	5,304 30	
Fourth quarter.....	4,721 84	
	<hr/>	15,000 00
State Treasurer—		
Second quarter, amount of lapsed appropriation for contracts on new buildings.....		28,186 27
State Treasurer—		
Fourth quarter, appropriation for laying gas mains to new building.....		1,400 00
County Collectors—		
First quarter.....	\$55,040 21	
Second quarter.....	55,134 90	
Third quarter.....	22,313 23	
Fourth quarter.....	47,477 52	
	<hr/>	179,965 86
Private patients—		
First quarter.....	\$16,403 75	
Second quarter.....	11,240 52	
Third quarter.....	17,195 78	
Fourth quarter.....	17,487 41	
	<hr/>	62,327 46
Hides, tallow, &c.,		
First quarter.....	\$6,835 35	
Second quarter.....	3,289 76	
Third quarter.....	3,646 79	
Fourth quarter.....	4,505 85	
	<hr/>	18,277 75
Interest—		
First quarter.....	\$72 66	
Third quarter.....	44 59	
	<hr/>	117 25
		<hr/>
		\$374,517 42
Orders paid—		
First quarter.....	\$73,811 46	
Second quarter.....	126,226 94	
Third quarter.....	89,072 45	
Fourth quarter.....	77,588 51	
	<hr/>	\$366,699 36





**TUNNEL CONNECTING MAIN WITH DORMITORY BUILDING. CAR FULL OF PATIENTS RETURNING FROM WORK.**

---

---

## WARDEN'S REPORT.

---

---



## WARDEN'S REPORT.

---

*To the Board of Managers of the New Jersey State Hospital at Morris Plains:*

GENTLEMEN—I have the honor to present the annual report of my department for the year 1901, together with an abstract of accounts.

The receipts and disbursements for the year have been as follows:

Balance on hand November 1st, 1900.....	\$5,494 38	
Receipts from November 1st, 1900, to October 31st, 1901 .....	374,517 42	
	<hr/>	\$380,011 80
Total disbursements from November 1st, 1900, to October 31st, 1901 .....		366,699 36
		<hr/>
Cash balance on hand October 31st, 1901.....		\$13,312 44

The receipts include \$28,186.27, appropriated by the Legislature, partially replacing the amounts which had lapsed from previous appropriations for construction of new dormitory building; also \$1,400 for laying gas main, and \$4,242.83 balance due for support of county patients for 1900. When the amount of these items—\$33,829.10—is deducted from the total receipts, the sum of \$340,688.32 remains as the amount received from the usual sources of income.

The disbursements are made up as follows:

For contracts to complete new building and laying gas main—		
Appropriated by Legislature.....	\$29,586 27	
Taken from house funds.....	7,918 82	
	<hr/>	\$37,505 09
For extraordinary expenditures from house funds for fitting up new building .....		16,460 01
For maintenance.....		312,734 28

Of the amount expended for maintenance, \$239,197.17 comes from the State and counties, the balance, \$73,537.09, from private patients and other sources.

## COMPARISON AND COST PER CAPITA.

The comparison of the per capita cost of maintaining indigent patients at different hospitals is apt to lead to a misapprehension as to whether the best results are obtained with a given expenditure of money, unless careful attention is given to what items are included in making up the totals of maintenance.

The Secretary of the State Commission of Lunacy for the State of New York reports, in answer to an inquiry, that their number of patients is 22,420, and the cost of maintenance is \$3,803,573.96, which gives a per capita cost of \$169.62. But he gives items for extraordinary repairs, &c., amounting to \$720,000, which, if included in the maintenance account would make the per capita cost \$201.76. In New York, they have an appropriation for maintenance and a separate appropriation for extraordinary repairs, &c., and the per capita cost is computed on the first of these only.

At this hospital, these patients are maintained at a total cost to state and county of \$239,197.47, of which the amount appropriated by the State for the year ending October 31st, together with the classification of the same is—\$15,000 for an average number of 67.58 convict patients; \$15,000 for an average number of 135.33 State indigent patients; \$50,000 for an average number of 1,027.83 county patients, making a total of \$80,000 paid by the State; and for an average number of 1,027.83 county patients, the amount received from the counties is \$159,197.47. This gives the total received for maintenance of convict, State indigent and county indigents of \$239,197.47.

This gives a cost per capita of \$194.35, and in this is included the extraordinary repairs, &c., which in New York State is provided for in a distinct and additional item in the appropriation.

## THE ANNEX OR DORMITORY BUILDING.

The annex or dormitory building, which was completed during the last year, has been occupied since the 12th of March.

The appropriation of \$20,000 granted for furnishing this building was expended toward that end by contracts made after bids had been obtained on specifications of what furniture was needed. It was

necessary to provide for many things in order to suitably care for the 400 or more patients now occupying this building, such as fitting up clothes-rooms with shelving, &c., putting in additional tables, chairs, bedsteads and bedding, providing storerooms for the kitchen, and boxes for the cold storage, additional plumbing for the building, new cars for the dining-room, steam tables and other necessary conveniences, furnishing the drug-room and providing additional equipment for the new pathological room. For these and other like things the appropriation was insufficient.

The additional cost in excess of the appropriation amounts to a total of \$16,460.01.

#### GROUNDS AND GRADING.

Grading at the new building has been somewhat retarded on account of the work required at the reservoir and at the sewer beds, but a space of two or more acres at the north and east side of the dormitory building has been nearly completed and already the soil is being laid. To do this entire work it will require at least an expenditure of \$10,000, and if it is to be done by the Hospital from its ordinary income it will take years for its accomplishment. It would be desirable, therefore, to have the Legislature appropriate enough money to complete the work during the coming year, and then the planting of trees could be done and the walks laid out.

The Hospital had an appropriation this year of \$1,600 to be used for walks, but it was impracticable to expend this as the grading was not far enough advanced, consequently the appropriation has lapsed.

#### RESERVOIRS.

The total capacity of the reservoirs, which are four in number, is about twenty-five million gallons. The first, situated in the upper part of the garden, is used to supply the outside buildings, and contains about two and a half million gallons, while the second reservoir is located in the upper part of the garden and holds about six million three hundred thousand. From the latter the supply for the main building is drawn, but in extremely dry seasons its resources prove insufficient, and it is necessary to supplement this deficiency



-- by pumping the needed amount from a third reservoir, known as the ice pond. The capacity of this pond has been increased by Hospital labor from two million to ten million gallons during the past two years. The fourth, known as the new reservoir, contains about six million two hundred thousand gallons and supplies the annex or dormitory building and also the hydrants, but like the second, its capacity is not sufficient to meet the demands made upon it during long periods of drouth. This reservoir lies at an elevation of 135 feet above the foundations of the annex, and 245 feet above that of the main building, and gives a pressure of about sixty-five pounds to the square inch on hydrants at the former building, and about one hundred and twenty pounds to the square inch on hydrants at the latter building.

During the year the pumping station has been removed to the gas house and the boiler that was used in connection with the laundry has been placed there. By moving the pump to this point a great saving is made; first, in utilizing the same men who run the gas plant, and secondly, in saving the cartage of coke, &c. By substituting the boiler of seventy-five horse power, now in use, for the old boiler of thirty horse power, the capacity for pumping is increased so that twice the amount of water can be delivered to the garden reservoirs, and water can also be pumped into the new reservoir, which was before impossible.

The continued drouth of last year made it clear that an increase of storage capacity of from ten to fifteen million gallons is necessary to insure the supply for the Hospital in times of such extreme demand.

You are aware that the consumption of water increases rather than decreases, and that two buildings have to be supplied at the present time instead of one, and in order to meet this growing need, it is believed, the most feasible plan would be to enlarge the ice pond to twice its present capacity. I am of the opinion that this would entail the least expense.

#### SEWER BEDS.

During the last year one new sewer bed has been graded, while the others have been extended and improved. It will still be necessary to have another bed which should be finished this coming year. It will not be an expensive piece of work, and will require only a little time

to grade it. The Hospital can do this without asking for an appropriation.

The beds prove to be in a satisfactory condition. A. R. Leeds, Ph.D., professor of chemistry at Stevens Institute of Technology, at our solicitation, tested the effluent from the beds, and the result of his examination can be seen below.

Dr. J. J. Leal, or his representative, in the interests of the East Jersey Water Company, has made visits to the beds at intervals of two or three weeks, during the past year, and he says that the beds are doing excellent work.

August 3d, 1901.

*M. K. Everitt, Esq.:*

DEAR SIR—In reply to yours of the 1st inst. The variation in the numbers might readily be due to the proliferation of certain bacteria in a sample from which other forms had been removed under the conditions you mention—an apparently slight cause often makes a great difference in the countings.

On making the counts I was favorably impressed with the results which show that you are working in the right direction and that your work, though not up to the best performance I have known, is encouraging.

Sincerely yours,

ALBERT R. LEEDS.

STEVENS INSTITUTE OF TECHNOLOGY,

HOBOKEN, N. J., July 1st, 1901.

*N. J. State Hospital, M. K. Everitt, Warden:*

DEAR SIR—I transmit herewith the results of the biological examination of the samples of effluent from the sewer beds, viz.—

Number of sample bottle.	Bacteria per cub. centimeter.
No. 142.....	2,900
No. 299.....	540
No. 425.....	280

Respectfully,

ALBERT R. LEEDS, Ph.D.

Professor of Chemistry, Stevens Inst. of Technology.

PATERSON, N. J., August 19th, 1901.

*Hon. M. K. Everitt:*

DEAR SIR—The examination of the samples from the effluent of the sewage disposal work of the State Hospital at Morris Plains, taken in your presence on August 10th last, resulted as follows:

#### *Outlet No. 1.*

Average number of colonies per c. c. developed, 340.

One c. c. of water did not cause fermentation in 5 c. c. glucose bouillon.

*Outlet No. 2.*

Average number of colonies per c. c. developed, 310.

One c. c. of water did not cause fermentation in 5 c. c. glucose bouillon.

*Outlet No. 3.*

Average number of colonies per c. c. developed, 70.

One c. c. of water did not cause fermentation in 5 c. c. glucose bouillon.

The result of these examinations shows very clearly the good work being accomplished by your sewage disposal plant.

Truly yours,

J. J. LEAL.

**FARM AND GARDEN.**

The farm and garden have yielded a greater production than that of any year since I have been connected with this institution.

The milk average has been the highest, average per cow, 11.77 quarts per day. It is well to add that the season has been exceptionally favorable for the dairy department.

The products of the farm amount to.....	\$31,631 09
The products of the garden amount to.....	18,573 00
	<hr/>
	\$50,204 09

The following appendix will show the products of the dairy, farm and garden.

g  
  
at  
  
;  
r-  
  
99  
00  
-  
0  
  
m



DORMITORY BUILDING.—PATIENT'S RECEPTION ROOM.

# APPENDIX TO WARDEN'S REPORT.

## FARM AND GARDEN PRODUCTS.

### *Dairy and Farm.*

300,770 Quarts milk (average number of cows milked, 70; average per cow, 11.77 quarts per day), at 4½ cents.....	\$13,534 65
3,151 Dozen eggs, at 22 cents.....	693 22
240 Tons of hay, at \$15.....	3,600 00
20 Tons of cornstalks, at \$10.....	200 00
10 Tons of rye straw, at \$15.....	150 00
15 Tons of wheat straw, at \$10.....	150 00
2,500 Bushels corn, at 65 cents.....	1,625 00
400 Bushels wheat, at 75 cents.....	300 00
350 Bushels rye, at 56 cents.....	196 00
4,000 Bushels cow-horn turnips, at 30 cents.....	1,200 00
2,000 Bushels mangel-wurzel, at 35 cents.....	700 00
Total .....	\$22,348 87

### *Stock.*

5,605 Pounds of veal (37 calves), at 10 cents.....	560 50
527 Chickens, at 55 cents.....	289 85
71 Cows slaughtered, dressed, 41,161 pounds, at 8 cents.....	3,292 88
Amount received for hogs sold.....	5,138 99
	\$31,631 00

### *Garden.*

1,000 Bushels tomatoes, at 80 cents.....	\$800 00
4,000 Bushels potatoes, at 80 cents.....	3,200 00
600 Bushels carrots, at 50 cents.....	300 00
1,000 Bushels parsnips, at 50 cents.....	500 00
875 Bushels beets, at 60 cents.....	525 00
200 Bushels Yellowstone turnips, at 40 cents.....	80 00
1,000 Bushels white turnips, at 40 cents.....	400 00
50 Bushels rutabaga turnips, at 40 cents.....	20 00
3,680 Bushels mangel-wurzel, at 35 cents.....	1,288 00
125 Bushels onions, at 75 cents.....	93 75
5 Bushels onions (pickling), at \$1.....	5 00
10 Bushels onion sets, at \$3.....	30 00
85 Bushels early apples, at 80 cents.....	68 00

(78)

500 Bushels spinach, at 40 cents.....	\$200 00
1,000 Bushels kale, at 35 cents.....	350 00
700 Bushels bush beans, at 75 cents.....	525 00
125 Bushels lima beans, at \$1.....	125 00
500 Bushels peas, at \$1.....	500 00
100 Bushels cucumbers, at 75 cents.....	75 00
5 Bushels cucumber pickles, at \$1.25.....	6 25
50 Bushels horse-radish, at \$1.25.....	62 50
100 Bushels grapes, at \$1.....	100 00
300 Bushels squash, at 50 cents.....	150 00
15 Bushels okra, at \$1.50.....	22 50
50 Bushels oyster plants, at \$1.....	50 00
50,000 Heads celery, at 3 cents.....	1,500 00
20,000 Heads cabbage, at 5 cents.....	1,000 00
20,150 Heads lettuce, at 2 cents.....	403 00
100 Heads cauliflower, at 10 cents.....	10 00
50,000 Bunches green onions, at 2 cents.....	1,000 00
55,000 Bunches radishes, at 2 cents.....	1,100 00
2,000 Bunches carrots (for soup), at 3 cents.....	60 00
1,200 Bunches celery (for soup), at 5 cents.....	60 00
15,000 Bunches asparagus, at 10 cents.....	1,500 00
20,000 Bunches rhubarb, at 5 cents.....	1,000 00
1,800 Bunches parsley, at 4 cents.....	72 00
1,800 Bunches leeks, at 4 cents.....	72 00
200 Bunches sage, at 5 cents.....	10 00
100 Bunches thyme, at 5 cents.....	5 00
100 Bunches sweet marjoram, at 5 cents.....	5 00
100 Bunches savory, at 5 cents.....	5 00
50 Bunches tarragon, at 10 cents.....	5 00
50 Bunches chive, at 10 cents.....	5 00
25 Baskets pears, sickel, at 50 cents.....	12 50
15 Baskets pears, kieffer, at 50 cents.....	7 50
1,000 Musk-melons, at 4 cents.....	40 00
25,000 Ears sweet corn, at 1½ cents.....	375 00
1,000 Bundles cornstalks, at 3 cents.....	30 00
75 Cheese pumpkins, at 10 cents.....	7 50
2,500 Peppers, at ½ cent.....	12 50
2,400 Egg-plants, at 5 cents.....	120 00
4,000 Quarts strawberries, at 10 cents.....	400 00
100 Quarts blackberries, at 10 cents.....	10 00
850 Quarts raspberries, at 10 cents.....	85 00
100 Quarts gooseberries, at 5 cents.....	5 00
800 Quarts currants, at 10 cents.....	80 00
1,000 Quarts cherries, at 10 cents.....	100 00
	<hr/>
	\$18,573 00

*Summary.*

Farm and garden products.....		\$50,204 09
Cost of the farm, dairy, garden, stables, &c., is first—		
Wages .....	\$12,984 70	
Repairs .....	677 47	
Stock bought.....	5,518 08	
Fertilizers .....	1,265 85	
Feed .....	3,367 95	
Seeds .....	486 45	
Harness, tools, &c.....	270 40	
	<hr/>	
	\$24,570 90	
Produced on farm in 1900 and consumed during 1901—		
135 Tons of hay, at \$15.....	\$2,025 00	
60 Tons shredded cornstalks, at \$10.....	600 00	
18 Tons of rye straw, at \$15.....	270 00	
20 Tons of wheat straw, at \$10.....	200 00	
2,250 Bushels corn, at 40 cents.....	900 00	
2,000 Bushels cow-horn turnips, at 30 cents.....	600 00	
	<hr/>	
	\$4,595 00	
	<hr/>	
		29,165 90
Net income.....		<hr/>
		\$21,038 19

## ANNUAL APPRAISEMENT.

The annual inventory and appraisalment was taken as usual. Mr. D. M. Merchant, of Morris Plains, and Mr. John Naughton of Morristown, were appointed to assist in this work, and we are indebted to them for their valuable services.

The total appraisalment of the personal property amounted to \$218,416.02.

## APPROPRIATIONS.

I wish to call your attention to the appropriations made by the Legislature for the year ending October 31st, 1901.

For county patients, at \$1 per week.....	\$50,000 00	
Bills amount to.....	53,136 42	
Leaving a deficit of.....		\$3,136 42
State indigent patients.....	15,000 00	
Bills amount to.....	23,169 24	
Leaving a deficit of.....		8,169 24
Convict patients.....	15,000 00	
Bills amount to.....	17,514 29	
Leaving a deficit of.....		2,514 29
	<hr/>	
Total amount of deficit.....		\$13,819 95





# ABSTRACT OF ACCOUNTS.

For the Fiscal Year Ending October 31st, 1901.

G. C. HINCHMAN, *Treasurer.*

## *Dr.*

To balance, October 31st, 1900.....	\$5,494 38
To amount received for board, clothing and incidental expenses of county patients.....	179,965 86
To amount received for board, clothing and incidental expenses of private patients.....	62,327 46
To amount received from State Treasurer for county patients .....	54,242 83
To amount received from State Treasurer for convict patients .....	15,000 00
To amount received from State Treasurer for State indigent patients.....	15,000 00
To amount received from State Treasurer for amount of lapsed appropriations for contracts on new building .....	28,186 27
To amount received from State Treasurer for appropriation for laying gas mains to new building..	1,400 00
To amount received for hides, tallow, &c.....	7,331 54
To amount received for sundries, rags, &c.....	5,690 22
To amount received for hogs and pigs.....	5,138 99
To amount received for rents.....	108 00
To amount received for interest.....	117 25
	<hr/>
	\$380,011 80

## *Disbursements.*

Amusements .....	\$1,238 55
Books and stationery.....	1,854 87
Bedding, linen, &c.....	6,388 03
Clerical services.....	418 00
Clothing .....	11,325 77
Counsel fees.....	341 25
Crockery and cutlery .....	1,228 13
Dairy (including stock, feed, labor).....	9,391 25
Enlarging and improving ice pond.....	448 93
Farm .....	9,816 22
Flour .....	5,151 82

(77)

Freight and train service.....	\$6,385 99	
Fruit .....	807 93	
Fuel .....	19,423 79	
Funeral expenses.....	940 00	
Furniture, carpets, &c.....	4,472 53	
Garden .....	4,479 26	
Ice .....	283 35	
Engineer's services, new reservoir and tunnel.....	100 00	
Grading .....	1,032 95	
Gas main to annex.....	1,823 51	
Fitting out new building for occupancy.....	7,765 16	
Petty current expenses.....	500 00	
Greenhouses .....	1,059 27	
Grounds .....	592 16	
Hay and straw.....	14 40	
Harness, wagons, &c.....	721 20	
Household goods.....	6,805 22	
Improvement of buildings.....	8,906 75	
Improvement to farm lands.....	1,578 60	
Incidentals .....	2,996 42	
Insurance .....	1,701 00	
Laundry .....	6,727 74	
Light .....	8,260 64	
Medical library.....	178 80	
Medical supplies.....	4,811 64	
New building to cover deficiency of appropriation...	36,105 09	
Newspapers .....	88 85	
Pathological .....	98 12	
Postage .....	440 84	
Provisions and groceries.....	97,294 92	
Railroad repairs.....	453 85	
Refunding .....	2,269 94	
Repairs .....	14,465 10	
Smith and wheelright.....	1,241 66	
Telegrams, telephone rental, &c.....	952 45	
Tinware and fixtures.....	1,073 12	
Vegetables .....	2,066 14	
Wages .....	68,048 93	
Sewers .....	86 03	
Water main changes at pumping station.....	1,471 11	
Improving sewer beds.....	572 08	
		<hr/>
		\$366,699 36
Balance in hands of Treasurer.....		<hr/>
		\$13,312 44

## STATEMENT OF RESOURCES AND LIABILITIES, OCTOBER 31, 1901.

*Resources.*

Balance in hands of Treasurer.....	\$13,312 44	
Due from Hudson county as per bill rendered.....	1,095 74	
Due from Morris county as per bill rendered.....	6,954 28	
Due from Passaic county as per bill rendered.....	11,195 17	
Due from Sussex county as per bill rendered.....	1,576 34	
Due from Union county as per bill rendered.....	9,751 53	
Due from Warren county as per bill rendered.....	3,179 95	
Due from State Treasurer for county patients.....	7,506 80	
Due from State Treasurer for convict patients.....	4,019 81	
Due from State Treasurer for State patients.....	10,145 53	
Due from private patients as per bills rendered.....	4,666 76	
Due from sailors' snug harbor.....	696 34	
Due from petty expense account.....	398 65	
Due from clothing issued.....	4,421 59	
		<hr/>
		\$78,920 93

*Liabilities.*

Bills payable.....	\$51,979 39	
Pay-roll for month of October.....	9,858 27	
County patients paid beyond.....	1,444 29	
Private patients paid beyond.....	6,724 48	
Amount of bills rendered counties, not yet earned...	4,981 81	
Amount of bills rendered private patients, not yet earned .....	1,676 55	
		<hr/>
		76,664 79
		<hr/>
Balance above liabilities.....		\$2,256 14

## REQUIREMENTS.

The following is an approximate estimate of the amounts of money required from the State for the subjects herein mentioned for the fiscal year ending October 31st, 1903:

For the annual appraisement.....	\$75 00	
For the salaries of resident officers.....	14,550 00	
For the maintenance of county patients, based on an average of 1,060 county patients for the year.....	55,120 00	
For the support and clothing of insane convict patients, based on an average of 72 convict patients for the year—		
Board .....	\$18,720 00	
Clothing .....	1,152 00	
		<hr/>
		19,872 00
For the support and clothing of State indigent patients, based on an average of 175 state indigent patients for the year—		
Board .....	\$27,300 00	
Clothing .....	2,800 00	
		<hr/>
		30,100 00

Respectfully submitted,

M. K. EVERITT,

Warden.

The New Jersey State Hospital at Morris Plains, October 31st, 1901.

## RETURN OF WORK DONE IN MATTRESS ROOM AND SHOE SHOP.

Single hair mattresses made new.....	126
Double hair mattresses made new.....	13
Single hair mattresses made over.....	1,121
Double hair mattresses made over.....	6
Hair pillows made new.....	263
Hair pillows made over.....	1,902
Feather pillows made.....	60
Single mattress ticks made.....	118
Double mattress ticks made.....	8
Pillow ticks made.....	335
Sofa pillows made.....	57
Pieces of furniture upholstered.....	139
Large hall carpets made new.....	2
Large hall carpets made over.....	1
Alcove carpets made new.....	4
Alcove carpets made over.....	2
Corridor carpets made new.....	6
Corridor carpets made over.....	3
Parlor carpets made over.....	4
Room carpets made new.....	29
Room carpets made over.....	12
Carpets taken up.....	178
Carpets laid.....	176
Carpets repaired.....	136
Bed protectors made.....	562
Bed protectors repaired.....	199
Suspenders made, pairs.....	150
Holland shades made.....	266
Window shades repaired.....	137
Long curtains hung, pairs.....	23
Chairs caned.....	104
Settees caned.....	4
Hassocks made.....	52
Carpet door-mats made.....	5
Carpets bound, yards.....	179
Carpets hemmed, yards.....	50
Rooms laid with linoleum.....	5
Mattress ticks repaired.....	516
Holders for bakery and gas-house, pairs.....	172
Pieces of harness made new.....	62
Pieces of harness repaired.....	219
Horse blankets repaired.....	64
Sets of mangle aprons made.....	11
Chair cushions made.....	26
Awnings put up.....	27
Awnings taken down.....	33
Flags made new.....	1
Boots, shoes and slippers repaired, pairs.....	462
Also amusement room decorated and center building draped in mourning for President McKinley.	





## CUT FLOWERS AND PLANTS FURNISHED.

*Cut Flowers.*

Roses .....	24,900
Carnations .....	19,000
Chrysanthemums .....	2,100
Violets, bunches.....	500
Sweet peas.....	6,000
Gladiolus .....	1,000
Roman hyacinths.....	800
Daffodils .....	600
Tulips .....	1,500
Calla lilies.....	300
Mignonette .....	1,400
Dahlias .....	2,000
Coreopsis, bunches.....	100
Asters .....	1,000
Phlox (hardy).....	600
German Iris.....	2,000
Pæony .....	500
Scabiosa .....	600
Zinnia .....	2,000
Dalphinium .....	200
Cosmos, bunches.....	250
Rudbeckia, bunches.....	500
Smilax, strings.....	100
Asparagus strings.....	150
Fresia .....	500

*Plants and Bulbs Grown for Flower Beds and Cut Flowers, also Plants Grown for Decorative Work.*

Cineraria .....	100
Easter lilies.....	75
Azalea .....	50
Calla lilies.....	100
Caladiums .....	150
Crotons .....	200
Chrysanthemums .....	900
Begonias .....	350
Hyacinths .....	250
Daffodils .....	500
Gloxinia .....	120
Geraniums .....	2,800
Coleus .....	3,000
Single petunia.....	500
Vinca variegata .....	100
Ageratum .....	500
Canna indica .....	1,000
Violet plants.....	900



Rose plants.....	300
Carnation plants.....	900
Salvia .....	600
Altheranthera .....	500
Dusty miller.....	400
Pansy plants.....	2,000
Daisy plants.....	1,200
Forget-me-not .....	300
Nierenbergia .....	250
Abutilon .....	200

## REPORT OF WORK DONE IN SEWING ROOM.

Year ending October 31st, 1901.

Single sheets.....	2,992
Double sheets.....	98
Pillow cases.....	2,395
Bolster cases.....	18
Hand towels.....	3,237
Roller towels.....	966
Dish towels.....	1,608
Drug room towels.....	101
Table cloths hemmed.....	853
Napkins hemmed.....	1,516
Blankets hemmed.....	656
Kitchen aprons.....	539
Dining-room aprons.....	72
Laboratory aprons.....	48
Broom covers.....	4
Curtains .....	318
Curtain bands.....	318
Burial robes.....	69
Burial sheets.....	69
Burial chemise.....	69
Burial petticoats.....	69
Chemises .....	1,153
Petticoats .....	850
Drawers .....	824
Corset covers.....	2
Night dresses.....	163
Dresses made.....	1,443
Dresses altered.....	5
Dress skirts made.....	18
Dress waists made.....	36
Wrappers made.....	16
Strong dresses made.....	26
Nurses' dresses.....	44
Nurses' aprons.....	44
Nurses' straps.....	88

## RETURN OF WORK DONE IN TIN SHOP.

Large food steamers.....	19
Bread pans.....	800
Tin pails.....	137
Rice pans.....	164
Butter boxes.....	30
Butter box covers.....	104
Tin scoops.....	28
Tin flashings.....	210
Large dippers.....	18
Diet cups.....	212
Diet cup covers.....	106
Dust pans.....	56
Drinking cups.....	318
Tea and coffee kettles.....	67
Scrap pans.....	75
Drip pans.....	73
Meat and biscuit pans.....	60
Dish pans.....	30
Small flats.....	200
Large flats.....	50
Molasses pitchers.....	50
Thermometer guards.....	50
Bread boxes.....	18
Jelly glass covers.....	45
Pans for greenhouse.....	14
Barrel stops.....	160
New tops on fruit cans.....	900
Other pieces as needed.....	372
Tin roofing, square feet.....	1,170
Pieces of tinware repaired.....	1,152
Locks repaired.....	565
Knives sharpened.....	342
Scissors sharpened.....	117
Also repairs to tin and slate roofs, ice boxes, refrigerators gutters and leaders, waiter bells, speaking tubes, &c.	



# Requirements for the Admission of Patients to the State Hospitals of New Jersey.

---

## PRIVATE PATIENTS.

The admission of a private or pay patient requires one written request for admission, signed by a near relative or the guardian of the patient, which need not be sworn to, the certificates of two physicians who have been in practice for at least five years; their signatures must be sworn to before a notary public or other proper officer of the law; a bond signed by two responsible property owners, one of which (preferably both) must be a resident of and own property in the State of New Jersey. It is not necessary that the bond be sworn to. (See forms appended.)

Thirteen (13) weeks' board and medical attendance must be paid for at the time of the admission of the patient, and quarterly, in advance thereafter.

The above requirements must be met before a patient can be admitted.

The rates range from five dollars (\$5) to fifty dollars (\$50) per week, which includes medical attendance, board, room and washing. No private patients are admitted for less than five dollars (\$5) per week. No patient not a resident of New Jersey will be admitted for less than ten dollars (\$10) per week.

## INDIGENT PATIENTS.

For the admission of indigent patients a request and the certificates of two physicians are required, as in the admission of private patients, differing in that the indigent papers have the word "*indigent*" in them, showing that the person whose admission is requested is believed to be without means of support and unable to pay for maintenance in the hospital.

## HABITUAL DRUNKARDS.

The General Statutes of New Jersey, Vol. 2, page 1708, and P. L. 1881, page 236, provide for the commitment of habitual drunkards to a State Hospital for the Insane by proceedings before the Court of Chancery.

## GENERAL RULES.

The law of 1898 requires the certificates of two physicians to the insanity of a patient before his or her admission into any State Hospital of New Jersey can be secured, and these certificates to be valid shall bear date of no more than ten days prior to the commitment of the person named therein. If more than ten days elapse between the making of the certificates and the taking of the patient to the Hospital, the certificates become invalid, and new ones must be made out in order to secure the patient's commitment.

No visiting is allowed on Sundays. Visiting is limited to Mondays, Wednesdays, Fridays and legal holidays, from 10 A. M. to 4 P. M.

The above requirements are regulated by statute, and the action of the Board of Managers, and cannot be changed by resident officers.

The forms of requests, certificates, bonds, &c., are appended. The Medical Director will supply blank commitment papers in response to application for them.

The person writing for papers should always mention the sex of the patient to be committed, and whether such patient is in indigent circumstances or able to pay for maintenance.

Communications and inquiries relative to patients should be addressed to the Medical Director, who will give them prompt attention.

When practicable, a visit to the institution and a personal interview with its officers previous to completing arrangements is advised.

# FORMS.

---

## **Request for Private Patient's Commitment to State Hospital for the Insane.**

*To the Medical Director of The New Jersey State Hospital at Morris Plains:*

The undersigned, of....., in the county of....., and  
City or Town.

State of....., being desirous of having....., an  
Full name of patient.

insane person of the county of....., and State of....., com-  
mitted to and confined as a patient in the New Jersey State Hos-  
pital at Morris Plains, hereby requests the admission therein of  
the said....., for the purpose aforesaid. Said

Full name of patient.

..... was born at....., on....., resided

Full name of patient. City or Town. Date of birth.  
at....., and is a.....

State patient's residence with particularity. Profession, trade or  
..... The undersigned is a.....  
calling of patient.

State degree of relation or other  
..... of the said.....

circumstances of connection between patient and person Full name of patient.  
making request.

Dated.....19....

Name of person making request.....

P. O. Address, .....

Street and number, .....

City, .....

County, .....

State, .....

**Certificate of Insanity of Patient by Physician Resident of New Jersey.**

I, .....of....., in the county of....., and State of New Jersey, do hereby certify that I am a graduate of..... and permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ....., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by.....of....., in said State, and I am of the opinion that the said.....is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said.....

1. Patient resides at....., county of.....; age, ..... years; nativity (*if foreign, how long in U. S.*) .....; sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, .....; of mother, .....

3. Number of previous attacks, .....; present attack began ....., 19..... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*).....

4. Was the present attack gradual or rapid in its onset? .....

5. What is the patient's general physical condition? .....

(*If afflicted with any infirmity or disease other than insanity, state it.*) .....

6. Is the patient cleanly or uncleanly in personal habits? .....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) .....







GREENHOUSE.

8. What is the supposed cause of the insanity? (*State both pre-disposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said..... upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):

(2) The patient (*state what the patient did, in presence of the physician, and also describe his or her appearance and manner*):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others:

(*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

....., *Physician.*

#### AFFIDAVIT.

State of New Jersey, county of ....., ss.—..... being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

.....M.D.

Sworn to and subscribed before me this.....day of.....19....

**Certificate of Insanity of Patient by Physician Resident of  
New Jersey.**

I, ....., of ....., in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ..... and permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ....., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by ....., of ..... in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said .....

1. Patient resides at ....., county of .....; age ..... years; nativity (*if foreign, how long in U. S.*) .....; sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, .....; of mother, .....

3. Number of previous attacks, .....; present attack began ..... 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*).....

4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

(*If afflicted with any infirmity or disease other than insanity state it.*)

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or de-

pressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*)

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said . . . . ., upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

....., Physician.

#### AFFIDAVIT.

State of New Jersey, county of . . . . ., ss.—  
being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

.....M.D.

Sworn to and subscribed before me this . . . . . day of . . . . . 19 . . . .

**Request for Indigent Patient's Commitment to State Hospital for  
the Insane.**

*To the Medical Director of The New Jersey State Hospital at Morris  
Plains:*

The undersigned, of ....., in the county of ..... and  
City or town.

State of ..... being desirous of having ....., an  
Full name of patient.

insane person of the county of ....., and State of ....., com-  
mitted to and confined as an indigent patient in The New Jersey State  
Hospital at Morris Plains, hereby requests the admission therein of  
the said ....., for the purpose aforesaid. Said .....

Full name of patient. Full name of patient.  
was born at ....., on ....., resides at.....

City or town. Date of birth. State patient's resi-  
dence with particularity. and is a ..... The under-  
signed is a ..... Profession, trade or calling of patient.

of the said  
State degree of relation or other circumstance of connection  
between patient and person making request.

.....  
Full name of patient.

Dated....., 19....

Name of person making request, .....

P. O. Address, .....

Street and number, .....

City, .....

County, .....

State, .....

**Certificate of Insanity of Patient by Physician Resident of  
New Jersey.**

I, ....., of ....., in the county of ....., and State of  
New Jersey, do hereby certify that I am a graduate of ..... and  
a permanent resident of the State of New Jersey, and have been in  
actual practice as a physician for at least five years last past; that I  
have made a personal examination of ....., alleged to be insane,  
and whose admission into The New Jersey State Hospital at Morris

Plains has been requested by . . . . ., of . . . . ., in said State, and I am of the opinion that the said . . . . . is insane, and a proper person to be committed to, and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said . . . . .

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said . . . . .

1. Patient resides at . . . . ., county of . . . . .; age, . . . . . years; nativity (*if foreign, how long in U. S.*) . . . . .; sex, . . . . .; color, . . . . .; occupation, . . . . .; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father . . . . .; of mother, . . . . .

3. Number of previous attacks, . . . . .; present attack began . . . . ., 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*)

4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

(*If afflicted with any infirmity or disease other than insanity state it.*)

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*)

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

.....  
 The following are the facts as to the insanity of the said .....,  
 upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):

.....  
 (2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):

.....  
 (3) Other facts perceived by me indicating insanity:

.....  
 (4) Facts indicating insanity communicated to me by others:  
 (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

.....  
 ....., Physician.

#### AFFIDAVIT.

State of New Jersey, county of ....., ss.—.....  
 being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

.....M.D.

Sworn to and subscribed before me this.....day of.....19....

.....

**Certificate of Insanity of Patient by Physician Resident of  
New Jersey.**

I, ....., of ....., in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ..... and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ....., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by ....., of ....., in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to, and confined in, said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of, the said .....

1. Patient resides at ....., county of .....; age, ..... years; nativity (*if foreign, how long in the U. S.*), ..... sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father .....; of mother, .....

3. Number of previous attacks, .....; present attack began ....., 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*)

4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

(*If afflicted with any infirmity or disease other than insanity, state it.*)

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*)



8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said ....., upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

....., Physician.

#### AFFIDAVIT.

State of New Jersey, county of ....., ss.—....., being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same, and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

.....M.D.

Sworn to and subscribed before me this.....day of.....19....

**Maintenance Bond.****MALE.**

Whereas, ....., of ....., an insane person, has been admitted as a patient into The New Jersey State Hospital at Morris Plains, N. J.;

Now, therefore, we, the undersigned, in consideration thereof, jointly and severally, bind ourselves to Guido C. Hinchman, Treasurer of said Hospital, to pay to him, and his successors in office, the sum of ..... dollars, ..... cents per week, for the care and board of said insane person, as long as he shall continue in said Hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention; and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the Warden of the Hospital; and to remove him from the Hospital whenever the room occupied by him shall be required for a class of patients having preference by law, or whenever he shall be required to be removed by the Managers or Warden; and also to pay all expenses incurred by the Managers or Warden in sending said patient to his friends in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and if he shall be removed, at the request of his friends, before the expiration of six calendar months after reception, then to pay board for twenty-six weeks, unless he shall be sooner cured, and also to pay, not exceeding fifty dollars, for all damages he may do to the furniture or other property of said Hospital, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made quarterly in advance from date of admission, and at the time of removal, with interest on each bill from and after the time it becomes due.

In Witness Whereof, We have hereunto set our names this ..... day of ....., in the year 19....

(Name) ..... [L. s.]

(Residence) .....

(P. O. Address).....

(Name) ..... [L. s.]

(Residence) .....

(P. O. Address).....

Signed and sealed in presence of .....

**Removal Bond.**

Know all men by these presents, that . . . . ., held and firmly bound unto the State of New Jersey in the penal sum of . . . . . dollars, lawful money of the United States, to be paid to the said the State of New Jersey, or its assigns; to which payment well and truly to be made, we do bind ourselves, jointly and severally, one and each of our heirs, executors and administrators firmly by these presents. Sealed with our seals, and dated this . . . . . day of . . . . . in the year of our Lord one thousand nine hundred and . . . . .

Whereas, . . . . ., of the county of . . . . ., hath heretofore been, and still is, confined in The New Jersey State Hospital at . . . . . and whereas, said Hospital is now full, and the Medical Director hath certified to the Managers that said . . . . . is manifestly . . . . ., and can probably be rendered comfortable at . . . . ., and said Managers are willing to discharge said . . . . . and to deliver . . . . . to . . . . . relatives or friends, upon receiving satisfactory security for . . . . . peaceable behavior, safe custody and comfortable maintenance without further public charge;

Now, therefore, the condition of the above bond or obligation is such that if the said . . . . ., or their heirs, executors or administrators, do and shall, from and after the date hereof, secure the peaceable behavior and safe custody of said . . . . ., and provide for . . . . . a comfortable maintenance, so that . . . . . shall not be a charge on the public; then said bond or obligation to be void, otherwise to continue in full force and virtue.

. . . . . [L. S.]

. . . . . [L. S.]

Sealed and delivered in the presence of . . . . .

---

---

**FORMAL OPENING**  
**OF THE**  
**DORMITORY BUILDING**  
**OF**  
**The New Jersey State Hospital**  
**AT**  
**MORRIS PLAINS,**  
**November 21st, 1901.**

---

---

(99)



## INTRODUCTION.

---

The new building having been completed and a new organ having been installed in the Chapel, arrangements were made to recognize properly the addition to the State Hospital of such useful adjuncts to its work. Invitations were sent out to physicians, members of the Legislature and to many others interested in the welfare of the insane.

The Governor and the Governor-elect were invited. The former was present and the latter, in his necessary absence, communicated the assurance of his interest in the work and the occasion. The exercises began in the Chapel of the old building, where an organ recital pleasantly occupied half an hour. It was explained by the Managers that the former organ had previously and for many years been in use at the Hospital in Trenton, and after twenty years' additional wear in this institution it had become an embarrassment rather than an aid to the religious services conducted there. Hence, as such an instrument, for obvious reasons, was even more necessary there than in other places of worship, a new instrument, long contemplated, had been constructed. Subsequently, the visitors were conducted through the public parts of the old building and several of the wards. They inspected the dining and recreation rooms, and the routine methods of the institution were explained.

The guests proceeded to the new building. Some preferred to make the journey above ground, but the larger number, through the tunnel which connects the two buildings.

After an examination of the new building, the company repaired to the amusement room for the formal opening of the new building.

The President of the Board of Managers, Patrick Farrelly, on taking the chair, made the following address:

ADDRESS OF WELCOME BY PATRICK FARRELLY, ESQ., PRESIDENT  
OF THE BOARD.

YOUR EXCELLENCY AND FRIENDS—If you are as weary as I am after this long parade, you will be thankful that my remarks will be short. We conducted you through only a few of the many parts of the sub-

terranean portions of the old building, and through the tunnel connecting that building with this—the one which is being formally opened to-day—and through two of the four floors of both buildings. The wards which you did not see are substantially the same as those which you saw. I will not go into the history of the Hospital, as the papers to be read by Dr. Buckley and Dr. Evans will impart much information, and you will learn from them as to the character of the work that is being done here. There is no class of the community that more needs the sympathy and care of the State—that is, your sympathy—than those who are sick and unable to care for themselves, and especially is this the case when the disease is that of mind and brain, which requires special knowledge, special care and special treatment. I am happy to say that thus far you have done your duty towards this class of your fellow-citizens whom you have committed to our care. These buildings and all this property belong to the people, and we have invited them, through you, their representatives, to inspect their property and to judge, as best you can, how far we, as your stewards, have been faithful.

We are not entirely unselfish in the invitation extended to you, as we desired you to know what has been done, and to commend us for what you see to be good, and to be charitable in your judgment as to anything you may see that does not recommend itself to you.

We ask you, before passing judgment, to put yourself in our place and learn the reasons and motives that prompt the action as to any particular thing. We, your Managers, are here by the grace of his Excellency, the Governor, and I am pleased to say that the State Hospitals have no better friend than Foster M. Voorhees, whom we hope to hear from later.

It is but just for me to say that what good we may have been able to accomplish could not have been done without the co-operation of a loyal, faithful and an accomplished medical staff and an efficient Warden.

We are grateful to the many distinguished State Officers, Judges, Senators and Representatives, as well as the many specialists from this and other States, who are interested in work of a similar character, for their presence here to-day.

On behalf of the Board of Managers, I bid you all a hearty welcome.

As his Excellency, the Governor, informs me that his engagements require him to take an early train, we will modify the program accordingly. Ladies and gentlemen, it affords me great pleasure to

introduce to you his Excellency, Foster M. Voorhees, Governor of the State of New Jersey.

The observations of Governor Voorhees, though, to the regret of the audience, necessarily brief, gave his views upon the relation of the State to the care of the unfortunate class in whose behalf this institution was established and enlarged. He showed that, as society is organized, the State is no more bound to protect the inhabitants from the desperate classes by the enforcement of law than it is to care for the helpless. He expressed his pride in the advanced position early taken by the State of New Jersey, and maintained to the present day, in the care and treatment of the insane. He spoke of the loyalty to the State of the best citizens, as exhibited in their willingness, often at much personal sacrifice and always without compensation, to superintend the various institutions which experience has shown to be necessary to provide for those who are unable to care for themselves, and gave it as his mature judgment that none of the money of the State was better spent than that which is thus appropriated.

President—We thank his Excellency for all that he has said, and we sincerely pray that he will live to a ripe old age, and that each year will add to his happiness. When a Board of Managers was to be selected for the New Jersey State Reformatory, I took the liberty of suggesting the name of one that, in all probability, would have been thought of and appointed without my suggestion, but when I mentioned the name of the gentleman, the Governor replied: "Yes, I will appoint him. His advice, like that of Dr. Buckley, of your Board at Morris Plains, will be of great good." I, as a citizen, thank God that we have such a man on our Board as Dr. Buckley, who, although a very busy man in other ways, does not spare himself in works of charity, and my prayer will be that the day be far distant when the people of this State will be deprived of his labors in this and other institutions. I now take great pleasure in calling on Dr. Buckley to give a historical account of the State institutions in the State of New Jersey.





# ADDRESS

BY JAMES M. BUCKLEY, D.D., LL.D.,

ON

## NEW JERSEY AND THE STATE CARE OF THE INSANE.

---

It is impossible to show that the State Medical Society, founded in 1766, gave care and attention to the treatment of the insane prior to 1830; the people of the State, about that time, considered the necessity of devising some means of ameliorating their condition. Nothing, however, of importance was done until 1837, when Dr. Lyndon A. Smith, of Essex, made earnest personal efforts to arouse interest, and as a result of his discussion in 1837, and further efforts in 1838, and the support thus elicited, a committee was appointed to memorialize the Legislature.

### EARLIEST LEGISLATIVE ACTION.

A joint resolution of the Legislature was passed at the next session, on the 6th day of March, 1839, as follows:

*"Resolved*, by the Council and General Assembly of this State, that the Governor of this State be and he is hereby authorized to appoint one or more competent person or persons to ascertain, as accurately as practicable, the number, age, sex and condition of the lunatics of this State; also to ascertain the best and most effectual means for their relief; and if, in their opinion, the erection of a State Asylum be the best remedy, then to ascertain the necessary cost of the establishment of such an institution; the best location for the same; together with all such facts as may be necessary to lay the foundation for definite action, and report at the next session of the Legislature; and that a sum not exceeding \$500 be appropriated to defray the necessary expenses of such investigation."

Under this resolution, Dr. Lyndon A. Smith, Dr. Louis Condict, of Morris; Augustus F. Taylor, of Middlesex; Dr. Charles McChesney, of Mercer, and L. Q. C. Elmer, Esq., of Cumberland, were appointed. This Commission organized in Newark, at the office of Dr. Smith, on the 12th day of April, 1839, elected Dr. Louis Condict as Chairman and Dr. Lyndon A. Smith as Secretary. To each one of these gentlemen was assigned, for the collection of proper data bearing upon the subject, a congressional district. They corresponded with sheriffs, stewards of almshouses and prominent citizens in their several districts.

They were "particular to distinguish between the insane and idiots, as far as practicable; also between those who were occasionally insane from intoxication, and those whose insanity was of a more permanent character; also, particular distinction was to be made between raving maniacs who may be confined in chains, or other severe restraint to prevent injury to themselves, from those of a more peaceful disposition." They were to "make a personal investigation, as far as practicable, and were to especially have correspondence with medical practitioners and overseers of poor-houses, and with the personal friends of all lunatics who might be found." It was enjoined as one of their duties that, as far as they possibly could, the Commissioners, especially Dr. Smith and Dr. Condict, should visit any hospital for the insane that might be at that time established in sister states, the cost of this visitation, correspondence, &c., to be kept within the appropriation of \$500.

#### HORRIBLE CONDITIONS.

As a result of their investigation, it was found that there were 338 lunatics in the State. In their report they give an account of the treatment of the insane, which is simply incredible. For example: two lunatics were found chained in a jail at Newark, and in New Brunswick, one in chains in Gloucester poor-house, one in Cumberland and one in Salem. The individual in chains in Gloucester poor-house was confined by hand and leg-irons, with a chain extending from each to the floor. The custodian remarked that "they were neither vicious nor violent, and would harm no one unless by some mischievous prank."

In reporting the fourth district, Dr. McChesney said: "I found

scenes of misery and wretchedness that the citizens of New Jersey could never have dreamed of—enough to melt the hearts of the most obdurate.” He found 24 insane persons in this district chained; some of them were confined in cells, and had been chained for upwards of twenty years.

This humane physician wrote: “The peace and safety of society, indeed, demand their confinement, but there should be established some institution for their proper care and treatment, and they should not be shut up with felons and criminals in the county jails, where everything around them confirms their insanity and renders recovery hopeless.” There is but one opinion in the Board of Commissioners—that a State asylum or hospital, properly constructed or regulated, should be at once established. They add: “This opinion is not the result of speculative theory or visionary conjecture, but rests upon the sure foundation of actual experiment.”

They also gave a horrid recital of what was found in some of the sister States: “In one place in Massachusetts—a house of correction, so called—were found ten lunatics, two of them about seventy years of age, one man and one woman in the same apartment of an upper story. The woman was lying upon a heap of straw under a broken window. The snow, in a severe snow storm, was beating in at the window, covering the straw, as well as the woman’s body. The man was in a corner of the room, in a similar situation. The woman had been in this apartment for six years, and the man twenty-one years.” When the woman of the house was spoken to about it, she said, in extenuation of keeping these people in this condition: “They have never frozen.”

I mention these out of a number of cases which the Commissioners instanced as an argument in favor of a more humane treatment of those afflicted with insanity. The Commissioners add that “they thought that New Jersey could prepare an institution where the inmates might fare as well as those described as having been found in Massachusetts. If, during the rigor, any survivors ‘have not frozen,’ the keepers may say, at least, ‘We had something to do in keeping them from freezing.’” Philanthropy bleeds and humanity shudders at the bare recital of such a case.

## PROTRACTED BUT SUCCESSFUL CONFLICT.

Notwithstanding the pathetic appeal made by the Commission to the Legislature, nothing definite was done. About that time there arrived in this State the most distinguished woman that America has yet produced—Miss Dorothea L. Dix—who in Europe and America displayed a breadth of view, an acuteness of perception, marvelous eloquence in speech, together with a persistency of purpose which has rarely been found in the history of the human race. As she had done in other States and in Great Britain, she overcame opposition and transformed apathy into interest.

The work of Miss Dix in reforming the public mind in the United States, in the proper treatment of the insane, was really begun in New Jersey, where ground was first broken. The institution at Trenton she always described as “my first-born child.” Her work in creating a new and perfect public sentiment and getting it embodied in positive legislative action was alike in tactics, in persistence and manifestation of the power of moral ascendancy. In Baltimore asylum, the Butler hospital, the institution at Dixmont Centre, Hartford; Pennsylvania asylum, New York City asylum, Pittsburg asylum, the institution at Raleigh, N. C.; Long View hospital, the Hospital for the Insane in Washington, D. C.; Japan, Naples, Paris, and throughout the world, her influence has created supply out of deficiency and founded institutions in spite of all obstacles.

She visited every almshouse and jail in New Jersey from Hudson county to Cape May. These visits resulted in a memorable memorial to the Legislature. The joint committee, in 1841, to whom the Governor’s message had been referred, reported—“First, that the confinement of insane persons in jails with criminals is subversive of all distinction between calamity and guilt, and punishes the misfortunes which it is the duty of society to relieve; second, that as experience has shown that recent insanity, in most cases, is readily cured, it is highly expedient that the State should provide a suitable institution for the comfort and relief of the insane poor and to remove them from prisons and poor-houses; third, that an asylum be erected at the expense of the State, at some proper point to be selected by the Commissioners, with the approbation of the Governor.”

## THE ASYLUM AT TRENTON.

In 1842 the Commissioners reported several sites at or near Trenton, at or near Princeton and at or near New Brunswick, but nothing seems to have come of this.

January 23d, 1845, her memorial to the Legislature was presented to the Senate by her staunch supporter, the Hon. Joseph S. Dodd. In that memorial was the following account:

"On a level with the cellar, in a basement room, which was tolerably decent, but bare enough of comforts, lay, upon a small bed, a feeble, aged man, whose few grey locks fell tangled about his pillow. As we entered he addressed one present, saying, 'I am all broken up.' 'Do you feel much weaker, then, Judge?' 'The mind, the mind is going, almost gone,' he responded, in tones of touching sadness. 'Yes,' he continued, murmuring to himself, 'the mind is going.' This feeble, depressed old man, a pauper, helpless, lonely, and yet conscious of surrounding circumstances, and not wholly oblivious of the past—this feeble old man, who was he? I answer as I was answered: In his youth and vigorous years he filled various places of honor among you. His ability as a lawyer raised him to the bench. As a jurist he was distinguished for uprightness, clearness and impartiality. He also was judge of the Orphans' Court. He was for many years a member of the Legislature. His habits were correct, and I could learn, from those who had known him for many years, nothing to his discredit, but much that commends men to honor and respect. The meridian of an active and useful life was passed, the property, honestly acquired, on which he relied for comfortable support during his declining years, was lost through some of those fluctuations which so often produce reverses for thousands. He became insane and his insanity assumed the form of frenzy; he was chained 'for safety.'"

Every effort was made to defeat her plans. She gave receptions in Trenton, and frequently had twenty gentlemen at one time for three hours in steady conversation. The last evening, a rough, country member, who had announced in the House that "the wants of the insane in New Jersey were all humbug," and who came to overwhelm her with arguments, after listening an hour and a half with wonderful patience to the details and principles of treatment, suddenly moved into the middle of the parlor and thus delivered himself:

"Ma'am, I bid you good-night! I do not want, for my part, to hear anything more; the others can stay if they want to; I am *convinced*; you've conquered me out and out; I shall vote for the hospital. If you'll come to the House and talk there as you've done here, no man that isn't a brute can stand you; and so, when a man's convinced, that's enough. The Lord bless you!" And thereupon he departed.

But a Senator from the northern part of the State exclaimed, when the subject was under discussion: "Sir, I shall not trust the estimate of these Commissioners, who devised the plan of this Egyptian Coliseum. New Jersey has hereto acted well. She has kept clear of a national debt, which some folks call blessing. Let us husband our resources. I had rather spend the money in educating the children of the State, \* \* \* qualifying them to act their part well in life, and preparing them for eternity. \* \* \* There'll be a day of account, and it's not far ahead. I have seldom prophesied on this floor but it turned out correct. True, I missed it last year. I do believe that if Miss Dix had been paid five or six hundred dollars and escorted over the Delaware or to Philadelphia, or even one thousand dollars and taken to Washington City, and, if you choose, enshrined in the White House, it would have been money well spent. Now, I should like the whys and wherefores for a building of 487 feet long and 80 feet wide, for, maybe, twenty lunatics. I believe that the best thing we could do would be to appropriate two or three hundred dollars to fill up the cellars and sow them over with grass-seed, so that the spot may not be seen hereafter. You couldn't do a more popular act!"

It was not such speeches as this that she feared, but such as were delivered by a very eloquent man: "None, sir, is a firmer friend than myself to this charity. \* \* \* But, sir, my experience, limited as it is, has taught me that the same law governs in the moral as in the physical world, and that premature development is attended by premature decay.

"It becomes us, therefore, to be borne away by no childlike sensibility, no generous enthusiasm, no over-zeal nor haste to accomplish an acknowledged good.

"Under these views and feelings, therefore, I am constrained, Mr. President, at this time, to oppose this project under every aspect it may now assume before us.

"In conclusion, I should do injustice to my feelings if I omitted

this occasion to express my unlimited admiration of the distinguished zeal and ability with which the measure has been prosecuted by the remarkable lady, who, it is but due to her to say, has been its chief promoter and friend.

"Woman, Mr. President, is ever lovely, and when she assumes the rare and sacred office of disinterested philanthropy, she becomes indeed an angel."

But in 1845 a joint committee recommended to the Legislature the placing upon its journal that interesting and eloquent document and memorial of Miss Dix, which presented the whole subject in such a manner as to preclude discussion, and appealed to the Legislature to at once establish an institution. In 1845 the Legislature passed an act appropriating \$25,000, with which to purchase a site and commence the erection of a center building and two wings, to be called the New Jersey Lunatic Asylum. The first stone in the building was laid on the 5th of November, 1845. The man who laid this stone is still living, and gives these particulars to Dr. John W. Ward, Superintendent of the institution at Trenton, and is now employed in that asylum.

By March 14th, 1845, the act of authorization was taken up and read for the last time. March 25th the bill passed—18 ayes; nays, none. March 30th certain amendments were proposed by the House of Assembly, to which the Senate agreed.

On the 23d day of February, 1847, the act for organizing the New Jersey State Lunatic Asylum was approved by the Governor of the State. The institution, however, was not declared formally opened until the 15th of May, 1848. As soon as possible after the Board of Managers was organized, they appointed Dr. H. A. Buttolph as Superintendent and Physician, and his wife as matron. From the organization of the institution until the present time there have been but two medical heads. At the time that the institution was opened it was supposed to have accommodation for two hundred patients. The number received up to the close of the fiscal year, December, 1848, was eighty-three. Since that date over ten thousand persons have received the benefit of care and treatment in the institution. At the time the institution was opened the darkness of mind throughout the State was like that which the Sacred Book records of Egypt—"A darkness that could be felt."

When the Legislature was asked for the second appropriation of \$50,000 for additional wings, a Senator from one of the northern



counties of this State made this very speech—he exclaimed at the top of his voice: “This whole thing is the result of that woman Miss Dix, from Massachusetts, and I for one do not propose to be Dixized into voting for this bill.”

Concerning the original location, the votes of the Commissioners stood two to two for the selection of a favorable site. The fifth Commissioner manifested very little interest, but when he was informed that his vote was needed, he asked Miss Dix what was most necessary for a favorable site. She replied: “A healthy location of easy and convenient access and an abundance of pure, good water.” He found that a spring of water was on the place where the institution at Trenton now stands, and this determined his vote for the selection of the site.

At the time that the Trenton institution was fully completed, it was the finest and most complete building in the United States, and inferior in site to none. This is to be attributed largely to the intelligent suggestion of Miss Dix, but chiefly to the extraordinary ability of Dr. Buttolph, Superintendent of the institution. This remarkable man, in the winter of 1842 and '43, made an effort to secure a position on the medical staff of the asylum at Utica, New York. He visited a number of asylums in the New England States, and after his return was successful in securing the position and was appointed assistant to Dr. Brigham. He filled this position for about five years, and in 1847 he was appointed Superintendent of the Lunatic Asylum at Trenton, N. J. He accepted this responsible position, but declined to enter upon it until he had visited many of the prominent asylums in Great Britain, France and Germany, numbering in all some thirty institutions, and was thoroughly qualified to superintend its construction and improvement. He was supported in this by a Board of Managers, consisting of ten of the most distinguished men in the State.

At the end of the second year, 179 persons had experienced the benefits of the institution, of whom 44 were restored to reason and 14 greatly improved. From that time that institution grew in fame until on both sides of the Atlantic it was considered one of the best. The account of its enlargement from that time is but a record of the increase in the insane population of the State. At last, it was crowded to such an extent as seriously to interfere with the purpose for which the institution was established—the cure of the curable and humane treatment of the incurable.

## THE ASYLUM AT MORRIS PLAINS.

Year after year the Managers directed the attention of the Legislature to this condition of affairs, and in 1868 and '69 a Commission was appointed by the Legislature to select a site and prepare plans for a new institution, of which Dr. Buttolph, Superintendent of the State Asylum at Trenton, was a member. Much discussion attended the inception and prosecution of the project, but the Legislature, on March 31st, 1871, passed an act, which was approved by the Governor March 31st, 1871. The preamble was as follows:

"Whereas, It appears to the Legislature that our State Lunatic Asylum is now crowded with patients beyond its capacity for their comfortable care and cure, and its sanitary operation and provisions are thereby greatly impeded;

"And whereas, the number of insane persons in this State has greatly increased, and this class of our fellow citizens are entitled to State care and protection while thus afflicted."

The next Legislature passed an act supplementary thereto, and finally a report was rendered by the Commission to his Excellency, Governor Theodore F. Randolph, in which they reported that they had received proposals for forty-two different sites, located in the counties of Sussex, Warren, Hunterdon, Morris, Passaic, Bergen, Essex, Somerset and Middlesex. The Commissioners visited and examined many of these sites. The Hon. George Vail, one of the original Commissioners resigned the position, and ex-Governor Parker was appointed to fill the vacancy. The Commissioners selected a part of the "Way-Side Farm," belonging to the Hon. George Vail. The Commissioners, in defending their choice, referred to the location, eligibility and general advantages of the several sites offered, taking into view the geographical position, readiness of access, healthiness of locality, fertility of soil, supply of water and building materials, and the facilities of securing coal and other supplies, and the labor required for the institution, its proximity to the large and flourishing borough of Morristown, from which supplies of building material, labor, &c., could be obtained; its healthy situation in the mountainous region of Morris county, its unlimited supply of spring water, the source of which is sufficiently elevated to carry it to the top of lofty buildings; the facilities to obtain from a quarry a

quantity of superior building stone, and a sandpit situated on the premises.

In June, 1875, Dr. Buttolph, while on the Commission to select a site and prepare plans for the new institution, in conjunction with Samuel Sloan, architect, of Philadelphia, arranged a plan, which, with a slight modification of detail, was adopted by the Commission and approved by Governor Randolph. In June, 1875, Dr. Buttolph was elected Superintendent of the new institution, and for that purpose resigned his position at Trenton. During the interim between his acceptance of this new charge and his actual assumption of its duties, he assisted the Commissioners charged with the erection of the same, with his great experience, practical skill and rare good judgment.

A report to the Legislature says that he received no salary or other pay for his services at the new asylum except his necessary traveling expenses, until his removal to that place.

The institution was opened on the 17th of August, 1876. From 1871 to 1875 there was expended upon the institution about \$2,327,000, the result being the most complete and highly improved specimen of the single hospital method for the care of the insane the world has ever seen. A structure to visit which, physicians and architects from almost every civilized country in the world have crossed the Atlantic, and which now is not only unparalleled, but will remain so in view of the improved ideas concerning the best method of housing the insane.

Between the date of opening and the following 31st of October, 346 patients were admitted, of whom 292 were received directly from the State Lunatic Asylum near Trenton, within the period of eight days. This was in accordance with a law which provided that all the patients in the asylum at Trenton from the counties of Atlantic, Cape May, Burlington, Camden, Cumberland, Gloucester, Monmouth, Middlesex, Hunterdon, Mercer, Somerset, Salem and Ocean should remain at Trenton, but all from the remaining counties—Bergen, Essex, Hudson, Morris, Passaic, Sussex, Union and Warren—should be transferred from that institution to the new.

The institution, as completed, was designed for 800 patients. In ten years the number in the asylum had reached 856. From that time until this, the institution has been increasing in population until every principle of humane and scientific classification was necessarily trampled under foot, though every means of obviating this was studi-

ously thought of and sedulously applied. When ten years more had gone by the number had risen to 1,173. By October 31st, 1900, notwithstanding that many had been transferred to the county institutions, the insane population crowded into this building amounted to 1,389. Hundreds of cots were obliged to be placed on the halls. Two patients were necessarily placed in one room, which, while in some cases it might be a benefit to both, in a majority was exceedingly dangerous. Had the building been set on fire by lightning, accident or intention, hundreds would have been consumed and the narrow escapes would have been many; the possibilities of such a calamity has often made those in charge shudder. Only the best discipline and management have prevented this catastrophe. For a number of years the Managers sought relief from the Legislature, and at last appropriations were made sufficient to erect a building in which we now are. What is visible to the eye needs no description.

After the removal of Dr. Buttolph, a period of difficulty ensued. A new method, making the business and medical departments practically separate institutions, was tried, and for a time was a cause of ceaseless friction. Able men followed Dr. Buttolph, and none more so than the first assistant, Dr. Wm. P. Spratling, who, during the interim between the resignation of Dr. Harris and the appointment of Dr. Britton D. Evans, displayed the ability, which, in his position as the first Superintendent of the Craig Colony for Epileptics at Sonyea, New York, has made his name widely known and honored. On June 1st, 1892, Dr. Britton D. Evans became Medical Director. Moses K. Everitt was appointed Warden April 1st, 1891. From that time until the present, general harmony and co-operative and successful administration have prevailed.

#### CONCLUSION.

Weary of frequent changes of policy and partisan conflict, the State wisely determined that the Board should be non-partisan, and enacted a law that not more than four of the eight Managers should be of the same political party. The first resolution passed by that Board was that no officer should be removed except for cause. It has been demonstrated that men of opposite party, dissimilar creeds, diverse methods, various experience, professions and trades, could unite in loyalty to the State, and care of those who, in many in-

stances, through no fault of their own, are especial claimants for consideration and sympathy upon all human beings of "sound and disposing mind and memory" and upon all governments worthy of the name.

President—In introducing Dr. Henry M. Hurd, it is only necessary to say that he is the distinguished Superintendent of the Johns Hopkins Hospital, of Baltimore, Maryland.

# PSYCHIATRY IN THE TWENTIETH CENTURY.

---

THE ADDRESS BY DR. HENRY M. HURD,

OF THE JOHNS HOPKINS UNIVERSITY, BALTIMORE, MARYLAND.

I consider myself fortunate in having this opportunity to do honor to the State whose liberality and public spirit first gave encouragement to Miss Dorothea L. Dix, by establishing an institution for the care of the dependent insane at Trenton—an institution which she has always considered the first fruit of her abundant labors in behalf of the insane in America and Europe. Uplifted by the success of her efforts in New Jersey, she went forth to arouse other commonwealths to the needs of the insane, and equal success crowned her labors. To this first State institution she returned in after years, when humanity's battle was won, to find a life-long shelter and home within its walls. The record of what she accomplished for the insane must always be inseparably linked with the remembrance of how nobly New Jersey showed her gratitude to Miss Dix by giving her this home and the loving care of attached friends in her feebleness and old age. The personal work of Miss Dix, which changed the attitude of the century towards the insane, had its origin here; and here her life had its closing scene. All honor to the commonwealth which thus crowned her life work with a gratitude most grateful, enduring and substantial.

The spirit of prophecy is not upon me, and it is not my object, in the remarks which I shall make, to forecast the future. I simply desire to speak of some of the problems which are sure to develop in connection with the care of the insane during the century upon which we have entered, and to point out the obvious trend of philanthropic thought and public policy in connection with the dependent insane.

In America, the opening of the nineteenth century found the original thirteen States increased to seventeen by the addition of Vermont in 1791, Kentucky in 1792, Tennessee in 1796, and Ohio in 1802—all pioneer States—and the population of the whole country had

become about five and one-third millions of souls. We were a struggling nation, burdened with the traditions of separate colonies, inexperienced in national or State government, poor in resources, and with our finance still deranged by a long and exhausting war, without a market for our products either at home or abroad, with our citizens void of unity of purpose or community of interest, uncertain of our standing among the nations of the earth, and equally untried at home. The eighteenth century, never noted for its charitable and humanitarian impulses, had left a scanty legacy of charitable institutions to the nineteenth century. No comprehensive system of what we call public charity existed anywhere. The Eastern Penitentiary, founded in 1786, in Philadelphia, was the only attempt to create an organized prison. In fact, there seems to have been little need of any permanent place of detention for prisoners, for, according to McMaster, in one State 115 crimes were punishable with death, and in the remainder, at least 80 crimes were similarly dealt with. With such laws there must have been little accumulation of prisoners in prisons and little thought given to reforming them. In Connecticut, during the first quarter of a century, convicts were thrust into filthy and loathsome caves, where a deserted copper mine served for a penitentiary. The poor, the helpless, the aged and the feeble dependent were annually sold in New England to the lowest bidder for their support. Elsewhere they were left to private charity or even wholly neglected. But a single institution for the treatment of the insane exclusively existed—that at Williamsburg, Va., opened in 1773. The New York Hospital and the Pennsylvania Hospital had wards for the insane in connection with hospital wards. They were fitted up as cells, and were places of confinement largely. The insane elsewhere were confined in jails, huts and log pens, and frequently, if raving madmen, they were tied up by the thumbs and flogged into insensibility and silence; in the newer States they wandered at will, a terror to the unprotected and a menace to themselves and to the community. Imprisonment for debt was universal. Jails and almshouses, where the vicious of both sexes were herded together, became hotbeds of disease and nurseries of vice. No public hospitals existed outside of New York and Philadelphia. These facts are given, not to shock you, but to present a reason why the work of the century which has just closed has been one of construction. The whole scheme of public charity for the relief of the criminal, the defective, the sick and the insane, required to be called into being.

During the century which has passed since, the largest problem which has confronted every State, whether new or old, has been to provide for the constantly increasing number of the insane. In many instances, especially in pioneer States, the question at first was wholly one of providing physical care and shelter. Among pioneers, where all were poor and everyone must struggle for existence, it has frequently seemed an overwhelming burden to gather the insane together and to feed and house them, with little regard for anything beyond keeping them from exposure and hunger. To remove the insane poor from log pens, poor-houses, jails and prisons, and to give them an abiding place, kind care and physical comforts, has been a work of the truest humanity. This has pre-eminently been the work of the nineteenth century in America. Thanks to the labors of large-hearted public men and assiduous philanthropists, it has been prosecuted faithfully and energetically, until to-day not a State is to be found without provision of some sort for her dependent insane. While it is true that in some States the provision has not been as perfect or as ample as one could desire, it is a source of the keenest satisfaction to feel that the duty of providing for the insane is acknowledged as a public necessity, and the standard of care is constantly improving. In the majority of the States I am glad to say that the State institutions for the insane are models of good construction, efficiently heated and well ventilated, with hospital and infirmary wards and industrial buildings, which render them admirably suited for the proper and humane care of every class. It may not be out of place for me to refer, as an illustration of this, more particularly to a hospital for the insane which I visited in one of the States in the Middle West, a few weeks ago. It consisted of an admirably arranged central building, with twelve wards and a hospital for each sex, with a farm cottage for men and an industrial cottage for women, an infirmary cottage for each sex and two cottages for the chronic insane. In addition there was a farm colony, with barns, silos, slaughter-house, machine shops and the various industrial and household buildings which grow up about an institution for the care of a thousand or more patients. Probably two-score of equally perfect and well-appointed institutions are to be found in the United States. In a large experience of hospitals of every class, both at home and abroad, I can say without reservation that in my opinion no hospitals for the insane anywhere display the excellence of construction and the liberality of appointment which characterize the American hospital.



The century has perfected and constructed unrivaled buildings for the requirements of various classes of the insane. There has been an evolution and development of hospital architecture until a differentiation of structure is seen which promises to leave little opportunity for similar experiments in construction for the opening century. In the erection of future buildings it will only be necessary to utilize our present experience and to select the best.

This has been due in a great measure to the quick-witted and ready ability of the average American to perceive and to make his own the best of other men's work. The governing motive, in many instances, has doubtless been a recognition of the fact that the insane were not primarily objects of charity, but owed their dependence to their condition of insanity, and were consequently wards of the State. It has been evident to all enlightened thinkers that if it is for the interest, welfare and protection of the State to deprive an insane man of his legal rights and to separate him from his fellows, the State owes it to the man who has thus lost these privileges, through no fault of his own, to take good care of him. For this and similar reasons it has followed that when institutions have been erected, the feeling has been strong that they should be good enough for anybody, and that any citizen, when afflicted with insanity, should not hesitate to seek relief within their walls. The legacy of the nineteenth century to the twentieth century, in behalf of the insane, may be briefly described as well-built and well-organized institutions, with all which these words imply. Mechanical restraint, airing courts and other similar reminiscences of the old prison epoch in hospital management have been done away with, hospital wards have been created in many of the best institutions for the accommodation of cases of acute insanity, and training schools for nurses have been organized to instruct the nurses and attendants in their better care. The feeble and paralyzed of a more chronic class have been gathered into infirmary wards for that constant care which their helpless condition demands. Employment has been given to the chronic insane and the whole tendency has been to provide for all patients more of the surroundings of home and a greater freedom of life.

The surroundings, housing and material comfort of the insane in institutions, consequently, having reached this degree of perfection, the problems which now present themselves must be largely those of treatment. The conditions which accompany insanity and upon which it is dependent, need to be carefully studied, that we may recognize what

patients are treatable and do, with wise discrimination, what needs to be done for them. In this direction, the recent steps which have been taken in many States for the establishment of pathological institutes are worthy of praise. In some instances I have feared that they have been projected upon too narrow and technical a basis. The questions to be studied in such institutes should not be exclusively the rigid ones which are solved by pathology and bacteriology, although none of these should be neglected, but the broader relations of insanity to general disease—neurasthenia, degeneration, alcoholism, intermarriage and heredity—should be considered. Mental disease differs from other diseases, in that it affects not alone the individual, but society and the State. The misfortune of the individual brings inevitably into prominence, sometimes an undue prominence, his relation to the State, and hence it becomes important to study his disease in all its relations, with the hope that the proper remedy may be discovered and applied. It is gratifying to know that the work of the pathological department in this institution has been liberally supported, that it has been conceived upon broad lines and that excellent scientific results have rewarded the efforts of those who have had charge of it.

The medical treatment of the insane also needs to be more fully investigated and better settled. Epileptic insanity, for example, offers many medical and surgical problems which can be more readily studied and solved in institutions for the insane than elsewhere. Hospitals, in their treatment of the acutely insane, need to be more thoroughly organized on the lines of clinical study which obtain in general hospitals. In an address which I delivered in New York three years ago, I made a special plea for a more careful and systematic study and record of the clinical features of insanity, to the end that we might discover the laws of mental disease and have a surer basis for further pathological study and possibly, in many cases, might be able to connect the lesion of the brain with the preceding mental manifestations. It has been a source of gratification to know that such special study of the clinical features of mental disease is increasing everywhere, and that in case-taking and history recording, most institutions for the insane are now rivaling in thoroughness and accuracy the records of disease which are made in general hospitals of the first rank. Such foundation work is properly regarded as a prerequisite to the study of mental disease and its more successful treatment. In the same line, also, may be mentioned the need of the establishment of psychopathic hospitals in large cities, or at least con-

venient to aggregations of population. It is now evident to all who have given the matter careful thought, that special provision should be made for the prompt, effectual and scientific treatment of cases of acute insanity. In the larger States, where a few hospitals for the insane exist, often located with regard to the geographical center rather than to the center of population of the State, much valuable time is lost in conveying a patient suffering from an acute excitement from his home to the nearest hospital for the insane. In some instances, too, institutions have been located with reference to what may be considered the political center of the State. In Kansas, for example, both State institutions for the insane are in Eastern Kansas, about seventy miles from each other. To transport an insane man or woman from the western to the eastern portion of the State, to reach either institution often involves a journey of six or seven hundred miles, with inevitable delays and the danger of exhaustion from the fatigue and the added excitement of the journey. In all States similarly situated, provision should be made for detention hospitals, or better, for psychopathic hospitals, where the patient suffering from acute insanity could be placed as easily as he could be taken to a general hospital if he suffered from appendicitis and needed a prompt surgical operation. This, of course, would imply that such psychopathic hospital would have the right to retain the patient for a few days without embarrassing legal regulations or needless red-tape. The detention must, of course, be temporary, and if the patient requires prolonged treatment, provision could be made to protect his legal rights by a formal inquisition into his mental state before he is transferred to a recognized institution for the insane. In too many instances, patients suffering from acute insanity have found, after a long journey to an institution, that possibly it was overcrowded and ill-adapted to the best treatment of their disease. A psychopathic hospital would enable the State or municipality to give prompt treatment to the case which could not with safety take the journey to the more formal hospital for the insane. Many persons have planned for such psychopathic hospitals as adjuncts to general hospitals, but I fear such an association would prove profitable to neither. The care of the insane cannot well be undertaken by those who have not had a special training for it. The physicians and the personal attendants need to be familiar with duties which require a degree of patience and personal sacrifice almost incredible. The knowledge of the requirements of the insane, their modes of thought,

their springs of action and their best and most judicious management, can only be attained by a sympathetic association with them in an institution especially arranged for their care. They should be organized like general hospitals and placed under the charge of experts. In my judgment, the next step in the successful treatment of the insane must be the establishment of such hospitals. In a state like New Jersey, with aggregations of population in so many prosperous manufacturing towns, one or more psychopathic hospitals would seem to be essential.

Another step which I regard of grave importance, especially to the insane of the chronic class, is the assumption of the care of all classes of the dependent insane by the State. State care permits of a definite and comprehensive policy, free from the influence of local politics or the possibility of pinching economy on the part of those authorities whose standard of care for the insane has been derived from that of the poor in a county almshouse. Where the insane have been gathered into State institutions exclusively, we find that they are better housed, better fed, better treated by attending physicians, and vastly more comfortable from every point of view. The chronic insane should have more, rather than less, done for them, and in return they should do more for themselves.

It is interesting to recall that when Pliny Earle, of Northampton, made an address in 1867 upon the occasion of laying the corner stone of the hospital at Middletown, Conn., he emphasized as a new discovery the importance of employment in the treatment of the insane. It is suggestive of progress to note what he considered almost unattainable as a therapeutic agency in the treatment of the insane has become so common as to excite no remark. In fact, the institution which does not furnish ample employment for its patients in trades, industries, farm colonies and other associated industries, rather provokes remark. No better comment could be made on the vast improvement in the relations of the insane to an institution than merely to call attention to this fact. With almost all of the chronic insane, industrial employment becomes a means of re-education, whereby the mind, crippled by disease, is rendered capable of a fresh activity in safe channels under certain limitations, and the process of mental deterioration and degeneration is checked. To such impaired minds, the life of the institution is rendered cheerful and homelike through occupation, and the victim of chronic disease grows in self-respect and usefulness. Such re-education of

the chronic insane may safely be undertaken in other directions by means of schools and technical instruction. The institution for the chronic insane should not be an aggregation of hopeless, depressing disease, but rather a hive of cheerful industry. The farm industries so graphically described a few months since at Central Islip, the institution for the chronic insane upon Long Island, furnish a most instructive object lesson as showing what may be accomplished by effort and proper enthusiasm. The record could easily be duplicated anywhere.

Greater attention, however, must inevitably be given to the differentiation of classes of patients. At present, in many institutions, we have acute and chronic cases, senile patients, epileptics, alcoholics, and other habit cases, the criminal insane, who have been guilty of criminal acts, and insane criminals, all under treatment in different departments of the same large institutions, and often, in fact, crowded together in the same wards, to the detriment of all classes. The patient who suffers from an acute form of insanity is not infrequently disturbed or depressed or confused by the proximity of patients who may excite apprehension or repulsion. On the other hand, the quiet patient or the feeble apprehensive senile patient may be equally distressed by the active manifestations of an acute case or by the presence of one suffering from epileptic insanity in a violent form. Equally, the precautions which are rendered necessary to the presence of patients of a criminal class, may necessitate such a curtailment of the liberty of all as to interfere with the comfort and welfare of the whole institution. It consequently seems to me that one of the earliest problems before all institutions for the insane is such a differentiation and segregation of patients as will enable those who are charged with their care to sort them out and to put each class under the circumstances and surroundings which will be most favorable for comfortable living or ultimate cure. The chronic insane should, as far as possible, be given rural scenes and occupations. There is nothing so helpful for both sexes as occupation of such a nature as to build up about each one a little bulwark of routine which will exert the determining and governing force of the will power which has been lost by disuse or disease. Cases of senile decay should live in infirmaries where their lying down and their rising up may be carefully observed, that they may receive at the hands of skilled nurses the watchful care required by a second childhood. The movement looking to the establishment of special institutions for

epileptics promises to do much for the comfort of a most unfortunate class of patients who are not favorably placed in ordinary institutions and who need special buildings, special employment and a free, open-air life. The necessity of separate accommodation outside of ordinary institutions for the insane criminal and the criminal insane is too obvious to be more than alluded to.

The time has come when one of the most crying evils of hospital management should be done away with. I refer to the political control of institutions for the insane, and their so-called reorganization when political changes occur. The evil, I am sorry to say, seems to be extending at the West and South, and some States, formerly free, have within ten years come under the baneful influence of the idea that "to the victors belong the spoils" of the care of the insane, if there are any (there never should be any). In some States the idea has become firmly fixed in the popular mind that appointments, even to the humblest office, are perquisites of the Governor of the State. I know of one State where the newly-elected Governor, in order that he might retain the services of his family physician, appointed him superintendent of the hospital for the insane, which unfortunately happened to be situated at the capitol city. In another State I have known twelve superintendents to be appointed to a single institution in eleven years. In still another, an excellent superintendent was removed because he could not control votes enough for the party in power in an election of a United States Senator. By the wanton removal of faithful officers of institutions, to make room for men whose qualifications have been political rather than professional, great damage has often resulted to the unfortunate insane, public funds have been wasted, the public conscience has been demoralized and the growth and development of the institution as a hospital for the care of the sick have been prevented. The present century must see the truth firmly established that political affiliations ought not be considered in seeking for the best man attainable for the conduct of scientific and humanitarian work.

The suggestions which I have made seem almost like matters of detail in the rearrangement and reorganization of our present admirable institutions, or steps to the perfection of present methods of caring for the insane. They are of minor importance compared with the problems looking to the prevention of insanity which press upon us on every side and ask in vain for solution. What can the State do and what should she attempt to do to check the increase of

insanity, which seems to be an accompaniment of our modern civilization? When we consider to what degree insanity and nervous derangements, leading to insanity, vice, poverty and crime, are traceable to the intemperate and injudicious use of alcoholics, we are justified in the assertion that it is the duty of the State to regulate by law the widespread, indiscriminate and unrestricted use of an agent capable of doing so much mischief. Prohibition, high license, local option, the dispensary system, the Gothenberg system, and similar efforts to regulate the sale of alcoholics, may be failures, and doubtless are failures in the majority of cases. I do not advocate any one of them, because I confess the problem seems too difficult for present solution, but they mark a step in the right direction; they recognize the duty of the State to do something for the protection of her own interests by checking an evil which, directly and indirectly, is responsible for the increase of insanity. An effort to regulate the sale of alcoholics by the State should be continued until some efficient method is devised for controlling the evil. Meantime, the medical profession should endeavor to educate the public to recognize the scientific fact that the daily use of alcoholics by anyone who is in health is injurious and unnecessary. The young should be educated to do without alcoholics. The fact that large corporations, like railways and express companies, are able to enforce an abstinence from alcoholics among certain classes of responsible employes, gives a gleam of hope that a concentrated action among labor unions and employers of labor might do much in the same direction. Until some means of regulation are found, those who are interested in the well-being of the race should spare no effort to educate the public.

Similarly, there should be a more careful control of the sale and use of narcotics and exhilarants, like cocaine and opium. The relation of opium and cocaine habits to the diseases of the nervous system should be re-investigated and the exact teaching of science should be ascertained, to the end that proper views may reach every person upon these most vital topics.

In the light of our knowledge of the important part which heredity plays in the development of insanity, it seems essential, also, to give further study to the social aspect of insanity. These suggest questions of marriage, of education, of occupation and of social usages, which are of great importance and which clamor for further investigation and study. I can only allude to them in passing. The success which has attended the efforts which have been made to limit

the spread of tuberculosis by the diffusion of correct knowledge as to its cause and mode of propagation, and the measures to be taken for the prevention and cure of tubercular diseases, leads one to expect much from similar efforts to disseminate an adequate knowledge of the causes and prevention of insanity.

The future of psychiatry in America is bright with hope. The era of foundation and construction is nearly over; institutions have been evolved, developed and perfected; pathological institutes have been established and liberally equipped and supported; trained men, with broad learning and technical knowledge, have been raised up for special study, and an earnest spirit of investigation has been developed. We are on the threshold of new discoveries and important improvements in the treatment of the insane. In the better work of the new century we are confident that the medical officers of The New Jersey State Hospital at Morris Plains will be among the leaders.

President—I deeply regret that the Governor-elect, the Hon. Franklin Murphy, is not with us to-day. We have, however, one whom the people of this State honored by sending him as a representative to the United States Senate for six years, the greatest honor, next to that of President of the United States, that the people of any State can bestow upon any one of its citizens. I ask in your name that he encourage us by an address, and I take great pleasure in calling upon and introducing to you the Hon. James Smith, of Newark.

Ex-Senator Smith expressed in words, few but fitting, his interest in the State of New Jersey and its work for the insane. He observed that as no class required more consideration, so no State had done more for them than this. He referred with pleasure to the facts detailed in the preceding paper, which showed that New Jersey had been among the first of the commonwealths of this Republic to cast away the rough and unfeeling methods of the past, and expressed his confidence that whatever differences of political views there might be in the community, good citizens of all parties would be satisfied with all that the new Governor, the Hon. Franklin M. Murphy, would do with regard to its benevolent institutions. He concluded by paying, on the basis of long acquaintance, a tribute to him as an honest, high-minded, benevolent citizen, who would look well after the needs of all classes.

President—It is not necessary, in introducing Dr. Evans, to say more than that he is Chief of our Medical Staff.





# ADDRESS

BY DR. B. D. EVANS, MEDICAL DIRECTOR,

ON

## THE ADVANCE MADE IN INSTITUTION TREATMENT OF THE INSANE.

---

Man, in his loftiest humanity, approaches divinity. It has been truly said that self-preservation is the first law of nature. In other words, that selfishness is an inherent quality of nature. This particular quality is most prominently exemplified in the lower orders of the animal creation. As man ascends the scale of intellectuality, morality and Christianity, there is manifested a greater tendency to devote his energies and his time and apply his capabilities for the betterment of those with whom he comes in contact. The Eleventh Commandment and the Golden Rule appeal to him as noble principles upon which to build. If the saying of the Scotch poet, that "Man's inhumanity to man makes countless thousands mourn," is true, the converse is equally true that "Man's humanity to man makes countless thousands rejoice."

With the evolution of society, the advancement of civilization and the promotion and spread of the Christian religion, the noblest principles of philanthropy have kept apace, and that the great forces which operate for the good of the human race year by year and day by day, as the centuries have rolled on, have shone forth in brighter effulgence, dissipating sadness with comfort and joy, feeding the hungry, aiding the poor and physicianing the sick.

Through all the periods of history, sacred and profane, we find reliable records of the existence of mental perversion; of men and women whose mental operations were morbid in character, and whose deportment was out of accord with the laws of social harmony and mental health. But it is a well-known fact that men operating under

misconceptions of the laws of humanity have committed most cruel acts and made the most egregious blunders, just as great minds, acting under the cloak of religious zeal and fired by religious fanaticism, have conceived and forced into execution the bloodiest deeds in the history of the world.

The so-called activity of intelligent thought, linked with a misconception of right and truth, bearing upon great propositions, modifying and controlling the social fabric, is to-day, and has always been, approximately, as serious a menace to the evolution and development of scientific progress as lethargy and ignorance, and nowhere is the fact better exemplified than in a review of the history of the evolution of institution treatment of the insane.

One of the first institutions or asylums in Europe for the organized care of the insane was established by a Brother of Mercy, Juan Gila-berto Joffre, in Valencia, in the year 1410. But from the best literature available upon the subject, comes the information that he was but imitating the work the Mussulmans had been carrying on for more than a hundred years.

It is, however, admitted that the organized work of this Brother of Mercy attracted the attention of civilized Europe, and through it, prompted probably more-by the feeling that society should be protected than madmen should be humanely cared for, institutions known as asylums sprang up. The manner of their management was crude. The sick received little or no medicine; they were put into cages of iron, fastened by chains, lashed and beaten by the keeper's whip; they were put upon light diet, kept in dark seclusion, and when the physician or surgeon called they were bled, vomited, purged and subjected to forms of treatment which would not only be looked upon as brutal, but shocking. The prevailing idea throughout the Middle Ages was, even with the most intelligent writers, that insanity consisted largely of demoniacal possession; that the persons who gave utterance to queer ideas, who indulged in unusual and grotesque deportment, and committed acts out of keeping with the usages of the times, did so because pursued by evil spirits. Superstition and ignorance were rampant, and if to-day men should give expression to such superstitious beliefs and unreasonable ideas, the brutal principles upon which the treatment of the insane was then based, and the management of institutions for insane patients were conducted, the directions given by physicians and surgeons, the policies mapped out by

superintendents and governing authorities, and executed by so-called keepers, there would be no trouble whatever in securing affidavits for the commitment of such custodians as patients to our modern hospitals for the insane.

Plato, Aristotle, Hippocrates and numerous other ancient writers in philosophy, medicine and surgery, gave evidence in their works of a more or less obscure knowledge of mental derangement. But the fact that in the treatment and management of those suffering from minds diseased, those whose reason had been dethroned and those who were dominated by delusions of the most pronounced and extravagant character, makes it clear to the reasoning mind of to-day that philosophers, physicians and surgeons in those days did more to increase mental derangement, to make sicker the sick and render hopeless the condition of their unfortunate brothers, than if they had been left unaided except by nature and nature's God in the hour of their affliction.

Paracelsus, in the sixteenth century, said that "the insane man is he in whom the moral and the immoral, the unreasonable and the reasonable soul do not appear in normal proportions of strength."

Such crude ideas as to the casual factors operating in the production of mental aberration were readily espoused, and a treatment consequent upon them was accordingly applied. For centuries the firm belief that the Devil manifested an unusual interest in a certain number of people, filling them with diabolical tendencies, clothing them with unnatural powers and using them to serve the requirements of his Satanic Majesty's will, was responsible for the most grotesque and inhuman treatment of insane persons.

In the early history of the treatment of the insane in this country, we find that physicians, superintendents of asylums, stewards and keepers, yielded to such superstitions as the once overwhelming idea of witches and witchcraft. Slowly but surely these superstitions faded in the dawn of a more enlightened and rational thought. The spirit of investigation, held in check so long through fear, shed light upon the great problems and dissipated the errors and superstitions of ages.

A new epoch was reached in the matter of caring for the insane when the efforts and teachings of Tuke, of England, in 1792, and Pinel, of France, in 1795, laid before the world the broad principle that insanity was to be treated as a disease and to be looked upon as

a morbid condition due to pathological processes, after the manner of to-day of looking upon pneumonia, tuberculosis, typhoid fever: that the astounding claims of the religious maniac, which he declared to be revelations from God, were but the outcome or direct result of a disordered mind, and the crimes of the monomaniac or the paranoiac were attributed to pathological conditions of the central nervous system.

The punishment in the form of dark dungeons, heavy chains, iron cribs, revolving machines, prolonged cold baths, flogging with a lash, depleting drugs and bleeding, were shown not only to be not helpful, but detrimental to persons with brain disease. The ministrations from kind hands, soothing words, sympathy and good diet were found to yield better results, and the principles of love and kindness, were stronger bonds than iron chains in influencing and aiding diseased and morbidly deluded humanity.

These great pioneers in the humane management and treatment of the insane caused in the civilized world a revolution in the work.

I quote from an article on "The Care of the Insane," by the much-lamented Dr. Richard Gundry, who died at his post in the Maryland Hospital for the Insane: "So long as the protection of society is the prominent feature, we hear of patients being chained securely to walls or floors, or in iron cages. When the idea prevails that the insane have rights which the community is bound to respect, then we have Chiaruggi, Pinel and Tuke, each in his special way, in his own country, about the same time, demonstrating that protection to society could be attained without severities then thought necessary."

The much revered and erudite Dr. Henry P. Stearns lays down a closely allied principle in these words: "Every person has a right, as a citizen of the State or a member of society, to expect and claim its protection through some of its agencies if he should ever pass into a condition of mental alienation."

The more intelligent portion of the thinking world now realizes that no one can with assurance claim to be exempt from mental derangement, and that it is the duty of the strong to protect the weak, of the rich to aid the poor, of the healthy to give succor to the sick, and of those in the full possession of healthy minds, and upon whom rests the cares of State, to provide humane protection and treatment for their commonwealth's dependents.

We find good and great men in the twentieth century looking with

magnanimity of soul, tenderness of heart, breadth of comprehension, intelligence and sympathy, after the wants and needs of our sick and afflicted brothers. We find the various commonwealths of this great government legislating with care, with Christian charity and wise discretion in behalf of the public charities. It has been clearly exemplified that the legislators and statesmen of this commonwealth have builded wisely, have maintained their public institutions with dignity, with credit to themselves and with honor to this State. Her charitable institutions stand as monuments to the wisdom and broad-mindedness of those upon whom have rested the responsibility of caring for the sick, the infirm, the lame, the blind and the insane.

Not only have the legislators and statesmen of New Jersey looked zealously after the care, treatment and maintenance of her insane; not only have they had constructed two institutions that stand out as models before the world, but they have from year to year, jealously, and with honor and credit, maintained as a matter of principle that these great public charities should be kept free from the contamination of petty partisan politics, and proclaimed to the world at large, in words clear and dignified and in no sense uncertain, that partisan politics should not be carried to the bedside of the sick.

There has been a disposition in this State, as there has been in other States in this union, to exercise a spirit of rigid economy in the management of insane people, and in a very small proportion of its citizens there seems to prevail a sentiment that the cheaper an insane person can be taken care of the better.

It is well known and has been frequently said, "if you care for your insane as swine, you can keep them as cheaply as such animals are kept." If it is felt that they are not human beings and not entitled to that respect and consideration sick men and women should have, then the proposition to feed them poorly, to clothe them poorly, to house them in a manner that would not reflect credit upon this great commonwealth, would hold good; and any kind of a place, under such conditions, would be such as they might feel was a great blessing to them. If the feeling of philanthropy, if the principle of Christian charity, if the Eleventh Commandment and the Golden Rule shall not enter into our dealings with and our care over the insane, then we may say they ought to be glad that they have a place to go, wherever it may be and whatever may be its style of management.

Be it said to the credit of this grand old State that she has at the helm

men who have respect for her sick ; men who hold dear the interests of her public charities ; men who guard jealously the welfare of the State's public institutions ; men who are proud of her well-deserved fame. Who are the men who look after the interests of our insane in our Boards of Managers and in our halls of legislation ? What prompts them to stand up and support the cause of humanity ? What prompts them to respect the interests of the State's dependents ? What do they get in return ? They get such a peace of mind as comes from a consciousness of duty well performed ; they get the approbation of the best-thinking people, not only of their State, but of the world at large. Who are the people who are here to-day ? What prompts them to come to this formal opening of the new building for the State's afflicted ? They are the representative people of the State, and I venture to say that it is to show their interest in "a cause dear to God and helpful to man."

This institution, nestling here among the hills of New Jersey, away from any populous center, stands open day after day to the closest investigation of the most critical citizen who feels an interest in it, whether he be clothed with official authority or an ordinary member of society. And when you go through the halls and corridors and wards, whether it be in the still hours of the night or at noontide, you will find no cracking of the keeper's whip, no clanking of manacles or chains, but that the law of human kindness prevails ; that sympathy, humanity, kindness and the honorable discharge of the duty of the strong and healthy to the sick and helpless, is the key to promotion and recognition.

Then, in the business department we find a strict observance of business principles in the protection of the institution's finances and in guarding against business imposition. The Warden stands at his post, discharging his duties so that whenever it shall become his desire or his lot to lay aside the cares of this institution, he may look back upon a record that will reflect honor upon himself and credit to the State.

This building, occupied by more than four hundred patients, is now formally handed over to the care and custody of the Chief Executive of this commonwealth, whose record in the past has been a source of comfort to every public institution in this State—a man who has stood upon the broad principles of philanthropy in its truest sense, and to whom every public institution in this State can with sincerity extend a hand of gratitude.

President—Before dismissing, I desire to say that the reason we have not seen much of the Warden, is owing to the fact that he has been devoting himself to the task of getting ready for you a lunch, to which we now invite you. It will be served in the refectory, which is the hall directly under this one.

I again thank you on behalf of the Managers, officers and attendants, and ask your continued help and good will.

President—Before departing, I desire to ask the Rev. Father A. M. Egan to invoke a benediction,





# TWENTY-SEVENTH ANNUAL REPORT

OF THE

## Managers and Officers

OF

# THE NEW JERSEY STATE HOSPITAL

## At Morris Plains

FOR THE YEAR ENDING OCTOBER 31st

## 1902



TRENTON, N. J.:  
THE JOHN L. MURPHY PUBLISHING CO., PRINTERS.  
1902.



# TWENTY-SEVENTH ANNUAL REPORT

OF THE

Managers and Officers

OF

# THE NEW JERSEY STATE HOSPITAL

At Morris Plains

FOR THE YEAR ENDING OCTOBER 31st

1902



TRENTON, N. J. :  
THE JOHN L. MURPHY PUBLISHING CO., PRINTERS.  
1902.







MAIN BUILDING.

## MANAGERS.

---

### PRESIDENT.

PATRICK FARRELLY ..... MORRISTOWN.

### VICE PRESIDENT.

JOHN C. EISELE.....NEWARK.

JAMES M. BUCKLEY, D.D.....MORRISTOWN.

ROMEO F. CHABERT, M.D.....HOBOKEN.

JOHN A. McBRIDE.....DECKERTOWN.

DAVID ST. JOHN, M.D.....HACKENSACK.

JAMES W. SMITH, M.D.....PATERSON.

RICHARD A. McCURDY.....MORRIS PLAINS.

(8)





## OFFICERS.

---

### MEDICAL DEPARTMENT.

BRITTON D. EVANS, M.D.....	<i>Medical Director.</i>
PETER S. MALLON, M.D.....	<i>First Assistant Physician.</i>
HARRY A. COSSITT, M.D.,	<i>Second Ass't Physician and Pathologist.</i>
CHRISTOPHER C. BELING, M.D.....	<i>Third Assistant Physician.</i>
RAYMOND D. BAKER, M.D.....	<i>Fourth Assistant Physician.</i>
W. MILES GARRISON, M.D.....	<i>Fifth Assistant Physician.</i>
FREDERICK C. HORSFORD, M.D.....	<i>Sixth Assistant Physician.</i>

### BUSINESS DEPARTMENT.

MOSES K. EVERITT.....	<i>Warden.</i>
GUIDO C. HINCHMAN.....	<i>Treasurer.</i>
CHARLES H. GREEN.....	<i>Secretary.</i>







VIEW OF MAIN BUILDING FROM THE NORTH

## Report of the Board of Managers.

---

*To His Excellency, Franklin Murphy, Governor of New Jersey:*

The Board of Managers of the New Jersey State Hospital for the Insane at Morris Plains beg leave to submit their twenty-seventh annual report to your Excellency.

The work of the Medical Department is set forth in detail in the report submitted by the Medical Director. This document emphasizes certain facts and conditions which, in the growth of the institution, have assumed unusual importance. The statistics in this report, prepared with exactness, show what the hospital is accomplishing in the custody, improvement and recovery of those committed to its care. These results are brought about by the scientific use of medical, hygienic, moral and intellectual means.

The religious services furnished by Protestant and Catholic pastors to those of their own faiths, respectively, contribute to the restoration and preservation of orderly habits and natural ways of thinking. Besides the exertion of a general influence, the direction of the minds of the patients to an overruling Providence, which may at any time bring light out of darkness, is an encouragement to a much larger number than are connected with church organizations.

The pathological report, which has been completed by Dr. H. A. Cossitt, successor to Dr. William H. Barton, who succumbed to one of the risks of the medical profession, indicates the thoroughness with which the medical department, with the concurrence of the Board of Managers, is pursuing the study of mental derangement, this most deplorable of human maladies, with the hope of finding additional means to prevent its recurrence, terminate its existence or restrict its ravages.

The report of the Warden recounts receipts and expenditures, improvements and repairs made, the products of the farm—and with the report of the Treasurer—exhibits the business done by

the institution with the precision of an account of stock and a trial balance.

It also suggests and describes necessary changes and improvements. We beg especially to call your Excellency's attention to the needs of the Institution, and the deficit of the Hospital treasury as set forth in detail in the Warden's report. The deficit to which the Warden calls attention was caused by no lack of close supervision on the part of the Hospital management, but is a result of your predecessor having the Managers draw from what is known as the House Fund, for the purpose of making up a shortage in the amount appropriated for building purposes, and in addition to this the failure of the Legislature to meet, by appropriation, the additional \$1 per capita per week provided for by a statute enacted during its last session, which statute assumes this per capita increase but failed to make appropriation to meet it. Previous to the enactment of this law the counties paid \$3 per week for each patient, and the State \$1. Under this law the State assumes the obligation of paying \$2 per week and the cost to the counties was reduced from \$3 to \$2 a week per patient. These two serious drafts upon the resources of the Hospital make it obligatory upon us to look to you and the Legislature for relief. The improvements and repairs called for in the reports of the Medical Director and Warden will add greatly to the facilities and the efficiency of the work of this important and noblest of public charities, and at the same time increase in value and public approbation the commonwealth's property and the work to be accomplished by it.

We beg leave to direct the attention of your Excellency to the fact that all private persons or corporations proposing to conduct institutions for the treatment of the insane must be licensed so to do by the Board of Managers, and that said license shall not be granted until after inspection of the buildings and situation, and of the credentials and character of the proprietor or proprietors. Also, that said license must be renewed annually. Since it was enacted this law has been complied with by this Board, but we ask your Excellency to note the fact that no provision is made for dealing with persons who establish and maintain such institutions, and who refuse to take out a license, or whose applications for license have been rejected by the Board, or whose license may have been withdrawn for cause. Our observation convinces us that it is highly important to the good people of the State of New Jersey,

and to the people of surrounding States, that such examination should be thorough; that the Board should be capable of receiving and investigating complaints against such institutions, and that in case it refuses to issue a license, or withdraw one, the proper officers should be designated by law to proceed against the person or company so offending if they presume to continue to receive persons of unsound mind, and that a penalty for such unauthorized reception and treatment of patients should be prescribed. It is impossible to conceive anything more appalling than the power to seize, confine and conceal human beings who may or may not be insane, and every reasonable safeguard and legal protection should be thrown around the liberty of the citizen. We therefore ask your Excellency to direct the attention of the Legislature to the necessity of an amendment to the law relating to such institutions.

We have expended the amount appropriated by the last Legislature for the purpose of making scientific experiments upon our sewer plant. We beg to call your attention to the report of Professor Charles McMillan which we append.

The Warden has been instructed to increase the area of the sewer beds as suggested in the report, which will give temporary relief. We do not submit any plan for further extension or improvement in view of the fact that the city of Morristown is contemplating constructing a trunk-line sewer to tide water, and in the event of this being done within a reasonable time, we will make an estimate as to the cost of connecting the Hospital sewer system with this proposed trunk sewer and submit the same for the consideration of the Legislature.

The progress of the State Village for Epileptics is gratifying, but as yet there seems to be some difficulty in removing epileptic patients from the hospitals for the insane who are suitable to be cared for in the village. A certain proportion of these unfortunates are insane at all times, others for considerable periods before or after attacks, and in some instances both before and after epileptic seizures; and all epileptics are irresponsible during the convulsion. Those who are not insane at all, or only for brief periods, are suitable for the Epileptic Village, and it would appear that there should be a method of transferring those committed by law from the Asylums to the Village for Epileptics, or transferring such as become unmanageably insane from the Village to the hospitals for the insane without undue expense or delay.



For many years the Board has pointed out the evils of the housing of the convict and criminal insane in the ordinary State Hospitals. The convict insane are those who were tried and convicted of crime and imprisoned in jails and penitentiaries and after conviction become insane. The criminal insane are those who have committed crimes, and are found to be, when arrested or pending trial, unmistakably insane. It is impossible to take care of these classes without transforming the Hospital into a penitentiary. The convict insane bring their criminal instincts, propensities and experiences with them. The criminal insane are, in most cases, of the criminal type. That these should associate with unfortunate persons who never willingly violated the laws, is a self-evident evil of no small proportions. The convict insane disturb the Institution and often render it incapable of discharging its proper functions, as a different class of attendants is required and cells or strong rooms must be built in which to seclude them when they become dangerously violent and a menace to the innocent insane. To erect a building, not far from the State Prison at Trenton, for the incarceration of the convict and criminal insane would not require a large expenditure of money. There are 137 such persons in the two State Hospitals, as well as a number in county institutions. They could receive as satisfactory treatment as elsewhere, and on recovery could be returned to the prison or jail, and in the case of the criminal insane, could be brought to trial. It is high time that this should be done. Other States have long since found the wisdom of erecting buildings for the separation and segregation of the convict and criminal insane. Why should the State of New Jersey, which, in other respects, can now be consistently proud of her public institutions, be left behind in the onward march of human progress and Christian civilization? She will hardly ever be in a better position to erect such a building than at present. We earnestly appeal to your Excellency to endeavor to unify sentiment upon this subject, assured as we are, that no member of the House of Senate would wish any relative of his, in addition to the miseries of mental malady, to be forced into the society of criminals and convicts. Sensitiveness is not always or usually wholly destroyed by the more common forms of insanity and is sometimes made much more discerning and acute thereby. The Medical Director has, in his report, called attention to this matter somewhat in detail.

At the present time there are more inmates at the State Hospital in Morris Plains than ever before, and this notwithstanding several hundred patients within a few years have been removed to county asylums. So long as the population of New Jersey increases the population of hospitals for the insane will continue to increase.

Crimes committed by persons found to be insane or who have for years acted in a manner to create suspicion that they were insane, also increase, showing that though there are more within the asylums than ever before there are possibly many without who should consistently be within. It is sometimes said that people are now sent to insane asylums who would not have been sent there half a century ago. This is quite true, so are there persons in general hospitals who would not have gone there fifty years ago, but thousands are now made every whit whole in hospitals who would have been left deformed and crippled fifty years ago. So many are improved and many cured of insanity who would have remained insane, and the horrors of the almshouses of that time, where sane and insane were huddled together, have for the most part passed away.

The presence of one insane or demented person in a family lowers it greatly in the scale of humanity. While parents afflicted with senile dementia are sometimes, in a cruel way, put off by children able to support them, in many other cases families not able to pay for an extra servant and requiring the work of the whole family to secure the maintenance, would be utterly demoralized by being obliged to care for them.

The provisions of the law of the State which require the Board to examine the County Asylums within the territory specified have been complied with.

#### ESSEX COUNTY HOSPITAL AND BRANCH AT OVERBROOK.

The main hospital is situated on South Orange avenue, Newark, and the branch hospital at Overbrook, Verona township, Essex county.

Dr. D. M. Dill is the Superintendent of both of these institutions. The medical staff at the main hospital consists of three physicians, one of whom is the pathologist, and a dispensary clerk.

The Overbrook hospital is cared for by two physicians, who are under the direction of the Superintendent.

The total number of patients under treatment in both institutions is 974. Of this number 268 men and 368 women are in the main hospital and 137 men and 209 women are in the hospital at Overbrook.

At the main hospital all the improvements recommended by the Superintendent have not been made because of necessary economies carried out by the Board of Freeholders, but arrangements are now being made to continue the work of refitting the old lavatories with new bathtubs and modern sanitary plumbing.

Overbrook hospital is very much in need of an amusement hall for the use of both patients and attendants, but notwithstanding its crowded condition this institution is getting excellent results. It is the intention of the Board of Freeholders to build additional wings to this building as soon as the financial condition of the county will permit of the increased expenditure, in order to properly care for the great number of patients which it contains.

The Essex County Hospital maintains a training school for nurses, and year after year an efficient corps of attendants are graduated.

Both hospitals demonstrate that Essex county is doing all it can for the care of the insane, and they compare favorably with State institutions. The annual report of the Superintendent shows that the insane of the county of Essex are receiving skillful and conscientious treatment, and that the money of the taxpayers is expended with the best possible results.

#### HUDSON COUNTY ASYLUM.

This institution, in charge of Dr. George W. King, is situated at Snake Hill, Hudson county, New Jersey.

The number of patients admitted during the year was 118; 72 were discharged and 56 died, leaving a total of 552 patients, of whom 236 are men and 306 are women. Average number of patients during the year was 541. Total number of employes, 40.

This hospital was visited October 28th, 1902, and found to be in good condition, every department being well kept. There is urgent need of an assistant to the Medical Superintendent. We

therefore recommend that provision be made for Dr. King to select and appoint a physician who shall be under his absolute control. We also recommend that the corridors and rooms on the ground floor be lowered to the level of the front entrance.

## PASSAIC COUNTY ASYLUM.

The Board of Freeholders of Passaic county are maintaining at the County Almshouse seven male and thirty-eight female patients in addition to the large number cared for at the State Hospital at Morris Plains.

The patients in the almshouse, as a rule, are mild cases of insanity which can be suitably cared for in an institution such as has been provided by Passaic county.

We beg leave especially to direct the attention of your Excellency to the application in the budget as set forth in the Warden's report, which shows what we ask for to support the institution and to aid us in carrying out its purposes for the ensuing year and why the same is actually necessary.

Signed,

PATRICK FARRELLY,  
JOHN C. EISELE,  
JAMES M. BUCKLEY, D.D.,  
ROMEO F. CHABERT, M.D.,  
JOHN A. McBRIDE,  
DAVID ST. JOHN, M.D.,  
JAMES W. SMITH, M.D.,  
RICHARD A. McCURDY,

*Managers.*







REAR VIEW OF THE MAIN BUILDING

---

---

## REPORT OF THE MEDICAL DIRECTOR.

---

---

(15)



Te

# Report of the Medical Director.

---

## *To the Board of Managers:*

GENTLEMEN—I have the honor to herewith transmit to you the twenty-seventh annual report of the Medical Department of the New Jersey State Hospital at Morris Plains for the year ending October 31st, 1902.

The year closed with a total of 1,461 patients in the Hospital; 729 men and 732 women. During the year there were in all 1,742 patients under treatment, and the daily average for the year was 1,427. The highest census was on September 30th, when the insane population of the Hospital reached 1,476. The proportion of recoveries, computed as it usually is, upon the number admitted, is about 28 per cent.

The death rate, based upon the number under treatment, is 7.7 per cent., and the average age at death was fifty-four years, showing that the average age of death was far above that usually given by statisticians. This reflects favorably upon the influence of properly regulated institution life, associated with good care and scientific medication.

Table XIX. of the statistical appendix shows that nearly 40 per cent. of those who died were over sixty years of age.

Table XX. shows that twenty-one of the deaths was the result of paresis, an incurable disease.

The classification, according to legal commitment, of those remaining in the Hospital October 31st, 1902, is as follows: Indigent, 1,197; private, 166; criminal, 33; convict, 65; a total of 1,461.

During the year covered by this report, 352 patients have been admitted and 281 discharged, showing a gain of 71 patients over the close of the preceding year, indicating the steady increase in the insane population of the State.



## INFIRMARIES AND OPERATING ROOMS.

More than usual attention has been devoted to our infirmaries and operating rooms. Four large dormitory rooms have been fitted up for the reception of patients whose ailments call for treatment in bed; such as paretics in advanced stages, post-operative cases, those suffering from acute bodily disorders, persons of feeble health from advanced age or protracted mental disease, and for the close supervision of those with marked suicidal tendencies. Scientific observation and treatment of those acutely insane or suffering from acute exacerbations of chronic mental or physical diseases is best accomplished in well-appointed infirmaries having competent medical and surgical nurses. In accordance with these principles the infirmaries have been equipped with such appliances as are found in the wards of modern general hospitals. The most efficient nurses are placed in attendance. The principles of asepsis and modern sanitation are closely applied. The nurses in charge are required to keep accurate records, embracing general symptomatology, temperature, pulse, respiration and all the mental peculiarities of every case. In these infirmaries the nurses of the training school receive bedside instruction.

Three operating rooms have been fitted up with all the practical modern appliances necessary for the surgical work of an institution of this kind. In all of these rooms are cases of surgical instruments, sterilizers, antiseptic dressings and operating tables. Here surgical operations are performed, varying from the dressing of mere contusions to abdominal sections and operations for the radical cure of hernia. The more important examinations for diagnostic purposes are also here conducted.

Surgical emergencies arise on the wards from time to time which require immediate attention on the part of a physician, and experience has taught us that we must be prepared to meet these conditions with promptness. To go to the various instrument cases and select instruments consumes time valuable to the interests of the patient. To guard against this delay, and to insure prompt attention, a surgical-emergency bag, similar to those in use in the Bellevue Hospital ambulance service, has been provided and it is at all times readily accessible to any member of the medical staff who may be hastily summoned to the wards.





The day when the care of the insane is looked upon as a mere custodial service has passed, and along with the steady progress of scientific work is to be found the earnest student of mental alienation. But efficient work can best be accomplished with the endorsement of the powers that be and their assistance and encouragement morally and financially. To give to your medical staff every facility for first-class work and demand nothing short of the best possible service will be attended with results which always tend to betterment of humanity, the advancement of science and the promotion of the best interests of the sick.

#### EPILEPTIC INSANE.

It is in no sense difficult to understand that epileptic patients interfere with the welfare of the acute and excitable insane. It is impracticable in a hospital for the insane to group all epileptics on one or two wards, in view of the fact that insane epileptics vary as greatly in the degree of their mental derangement as do patients suffering from other forms of insanity.

In addition to this difficulty we find some patients subject to epileptic seizures of a mild character at long intervals, others having frequent paroxysms or fits in close succession. Many epileptics are homicidal and suicidal, especially about the time they are suffering from severe convulsive seizures. Some epileptics are intelligent, refined and sensitive, and when not suffering from the immediate effects of their paroxysms, are observant of the proprieties characteristic of ladies and gentlemen; cleanly in their habits, neat in their dress, polite and courteous in their deportment. Others are ignorant, unrefined, uncultivated, not cleanly in their habits and rude and overbearing in their general attitude toward their associates. It is therefore at once apparent that to intelligently care for epileptics there must be provisions for their proper classification and grouping, always having in mind the wants, characteristics, deportment, degree of mental derangement and disposition of each particular patient.

There are in this Hospital 98 insane epileptics, 53 men and 49 women. There are in Trenton 93 insane epileptics, 53 men and 40 women, making a total in both State hospitals of 191. It was claimed that relief would be given the State hospitals by the con-

struction of a colony for epileptics, but although the latter has been done no transfers have been made and no relief given.

If this class of patients cannot be consistently transferred to the Village for Epileptics, I advise that special cottages be constructed for them, that they may be better classified and grouped so as to promote their best interests while in custody at the State hospitals, and at the same time relieve other patients from the detrimental influence occasioned by their presence upon the wards. The maxim that "what is worth doing is worth doing well" applies in hospital work as forcibly as in any other sphere of human activity, and I feel it is a bounden duty to place this matter officially before you.

#### CONVICT INSANE.

It is to be hoped that some provision may be made for the separate care of the convict insane now kept in the State hospitals. Year after year I have in the annual reports called attention to the many evils arising out of keeping this class among patients whose lives are free from criminality. To those patients who realize that in their affliction and loss of liberty they are kept in the same building with convicts of the vilest sort, the effect is to bring about feelings of dissatisfaction, humiliation and resentment, and in many instances improvement and recovery are retarded if not made impossible.

Our State hospitals are not so constructed as to make the detention of convicts secure, and many of them escape in spite of our vigilance and best efforts. They then return to lives of crime until again apprehended. It is therefore clear that in attempting to keep them in the State hospitals a gross injustice is done, not only to all other patients forced to in some degree associate with them, but the public at large suffers from the escape of dangerous criminals.

The year closed with 65 convicts and 33 criminals in the Hospital. Since the institution has been compelled to care for convicts transferred from the State Prison by order of the court, there have been committed to this Hospital 142 convicts, and upon the order of the county courts 75 criminals, making a total of 217 convicts and criminals, who have under the law been committed to the care of this Hospital and thus caused to be brought in contact, and to



OPERATING ROOM - FEMALE DEPARTMENT





a greater or lesser degree into association, with patients whose records were free from the taint of criminality. The State Hospital at Trenton has in it more than 40 convicts who were transferred from the State Prison, giving a total of more than 100 insane convicts who are at this time being cared for in the State hospitals for the insane. This I believe to be radically wrong, and it cannot be too forcibly placed before the Governor and State Legislature. These patients have been convicted of serious crimes and sentenced to State Prison for periods varying from one to twenty years. The character of the crimes for which they were sentenced may be briefly stated as follows: Murder, 20; atrocious assault and battery, 21; larceny, 28, and other crimes, 37. This number of insane convicts justifies and warrants the construction of a separate building of such a character and so equipped as to guarantee the safe detention of this class of persons. As I have recommended in my former reports, I believe that such a building should be somewhere near the State Prison at Trenton, so that persons becoming insane or feigning insanity may be readily transferred to it. With such a building there would be no incentive for feigning insanity as an ultimate means of escape. Its special construction would protect the public at large from the dangers incident to the escape of such persons, and it would free the State hospitals from a class of patients which work to the detriment of hospital management, disorganizing the discipline, contaminating what may be termed the innocent insane and humiliating and embarrassing the patients as well as their friends and relatives throughout the commonwealth.

#### TRAINING SCHOOL.

It is with pardonable pride that we again direct your attention to the training school. Entering as it does upon its ninth year, it still gives evidence of all the vigor which characterized its inception. It has graduated nurses who have gone forth from this institution to battle with sickness and mental disease in other hospitals and in private practice, and have in the faithful performance of their duties reflected credit to the school which raised them from the unenviable position of mere attendants to the dignified calling of nurses. Not only is this true of those who have gone

from the service of the Hospital where they received daily instruction, but it is also true of those who have remained in the employment of the institution and are still giving the sick under their care the benefit of the results of their systematic training.

The students are divided into junior and senior classes, to each of which lectures and bedside instruction, suitable to their advancement, are given.

This year there were graduated five men and five women; formerly graduated, 37 men and 53 women, making in all 100 nurses who have received two or more courses of instruction and have been granted diplomas.

An abstract of the annual announcement and schedule of lectures which follows shows briefly the character and scope of this important work.

#### TRAINING SCHOOL ANNOUNCEMENT.

The New Jersey State Hospital Training School for Nurses was established in 1894 for the purpose of giving practical instruction to those employed in the capacity of nurses and thus enable them to become proficient in their calling, and render a more intelligent and satisfactory service to the Hospital.

The full course covers a period of two years, is obligatory and consists of lectures, demonstrations, practical instruction and bedside nursing, the management of medical and surgical cases, the preparation of diet, the administration of food and medicine, the giving of various baths and the methods of dealing with emergencies.

Members of the senior class will be detailed to serve in the infirmary wards in regular rotation for two weeks at a time.

On the completion of the prescribed course a written examination will be held, and those of the senior class obtaining a general average of 75 per cent. or better will be granted a diploma.

The junior class will also be subjected to a written examination at the end of the first year, and those obtaining a general average of 70 per cent. will be advanced to the senior class.

Any pupil nurse not receiving a general average of 50 per cent. will be dropped from the employ of the Hospital.





SURGICAL DRESSING ROOM—MALE DEPARTMENT

## GENERAL OUTLINE OF LECTURES.

*Junior Class.*

DR. BRITTON D. EVANS.

1901-02.

- November 7—The Ethics of Nursing.  
November 29—Classification of Mental Diseases.  
January 3—The Management of Acute Insanity.  
January 28—Relation of Age and Occupation to Mental Disease.  
February 25—Nursing and Ward Work.

DR. ELIOT GORTON.

- November 5—Artificial or Forced Feeding.  
December 3—Air, Water, Ventilation.  
January 7—Personal and Ward Hygiene.  
January 30—Reproductive Organs. Pregnancy.  
February 27—Parturition.

DR. PETER S. MALLON.

- November 12—Classification of Symptoms of Disease.  
December 6—Pulse, Temperature, Respiration, Sensory and Motor Disturbances.  
January 9—Forms and Methods of Administering Medicines.  
February 4—Systemic Remedies.  
March 4—Local Remedies.  
March 27—Genito-Urinary Diseases.

DR. HARRY A. COSSITT.

- November 15—The Practice of Medicine.  
December 10—Fevers.  
January 14—Eruptive Fevers.  
February 7—Diseases of the Respiratory and Digestive System.

DR. WILLIAM H. BARTON.

- November 19—States of Matter and Laws Governing Them.  
December 12—Mechanical Mixtures and Chemical Compounds.  
January 16—Oxygen, Hydrogen, Chlorine and Nitrogen.  
February 11—Constituents of Normal Urine. Tests.  
March 11—Tests for Abnormal Constituents.  
April 4—Tests for Poisons.

DR. CHRISTOPHER C. BELING.

- November 21—General Composition of the Human Body.  
December 17—The Mechanism and Functions of the Respiratory Organs.  
January 21—Heart, Blood and Circulatory System.  
February 13—Brain, Spinal Cord and Nerves.  
March 13—Digestion, Assimilation, Secretion and Excretion.

## DR. RAYMOND D. BAKER.

1901-02:

- November** 26—Bones, Joints, Muscles, Fasciæ and Skin.  
**December** 19—Thoracic Viscera.  
**January** 23—Abdominal Viscera.  
**February** 18—Arteries, Veins and Lymphatics.  
**March** 18—Brain, Nervous System, Organs of Special Sense.

## GENERAL OUTLINE OF LECTURES.

*Senior Class.*

## DR. BRITTON D. EVANS.

- November** 7—Ethics of Nursing.  
**November** 29—Classification of Mental Disease.  
**January** 3—The Management of Acute Insanity.  
**January** 28—Relation of Age and Occupation to Mental Disease.  
**February** 25—Nursing and Ward Work.

## DR. ELIOT GORTON.

- November** 5—Methods and Materials for Feeding.  
**December** 3—General Hygienic Considerations.  
**January** 7—The Prevention of Diseases.  
**January** 30—Parturition, Dystocia, Duties of the Nurse.  
**February** 27—Diseases of Women.

## DR. PETER S. MALLON.

- November** 12—Classification of Symptoms.  
**December** 6—General Appearance, Inflammation, Pain.  
**January** 9—Systemic and Local Remedies.  
**February** 4—Emetics, Cathartics, Diuretics, Expectorants.  
**March** 4—Demulcents, Emollients, Protectives, Digestants.

## DR. HARRY A. COSSITT.

- November** 15—Diseases of the Digestive System and Kidneys.  
**December** 10—Diseases of the Circulatory and Respiratory Systems.  
**January** 14—Fever, Typhoid Fever, Typhus Fever, Malarial Fever.  
**February** 7—Rubeola, Variola, Varicella, Scarletina, Diphtheria.  
**March** 7—Constitutional, Nervous and Children's Diseases.

## DR. WILLIAM H. BARTON.

- November** 19—Inflammation. Cause and Effect.  
**December** 12—Common Pathogenic Bacteria.  
**January** 16—Methods, Kinds and Uses of Hydrotherapy.  
**February** 11—Toxines formed in the Body.  
**March** 11—Toxines Formed in the Body.

## DR. CHRISTOPHER, C. BELING.

1901-02.

November 21—Food and Food Preparations.

December 17—Food in Health.

January 21—Food in Disease.

## DR. RAYMOND D. BAKER.

November 26—Inflammation, Asepsis, Antisepsis.

December 19—Surgical Fevers, Contusions, Wounds.

January 23—Fractures, Dislocations, New Growths.

February 18—Sterilization, Anæsthesia, Preparation for Operation.

March 18—Minor and Major Surgery, Emergencies.

## SPECIAL WARD WORK.

## 2-2 SOUTH.

Miss Blanche C. Bird.....January 6th to January 20th, 1902.

Miss Annie Fitzsimmons.....January 20th to February 3d, 1902.

Miss Cora Greene.....February 3d to February 17th, 1902.

Miss Helen McLean.....February 17th to March 3d, 1902.

Mrs. Nellie Nolan.....March 3d to March 17th, 1902.

Miss Rosa Veach.....March 17th to March 31st, 1902.

Miss Leota Wilson.....March 31st to April 14th, 1902.

## 2-2 NORTH.

William H. Brown.....January 6th to January 20th, 1902.

Alfred J. Noonan.....January 20th to February 3d, 1902.

Robert W. Pollock.....February 3d to February 17th, 1902.

Claude Pontius.....February 17th to March 3d, 1902.

Kirby E. Riffes.....March 3d to March 17th, 1902.

Robert B. Short.....March 17th to March 31st, 1902.

During the term Miss Mary R. Keegan, Miss Phoebe J. Northwood and Miss Margaret Barrett have given practical instructions in Massage, Bandaging and the keeping of Temperature and other Charts, female department.

Mr. J. D. Doran and Mr. Henry Cook have instructed in the same subjects in the male department.

## TEXT-BOOKS.

Members of both classes are requested to provide themselves with the necessary books before the session beginning November 5th, 1901, and the text-books used may be selected from the following list:



*First Year.*

Anatomy and Physiology for Nurses.....	Diana C. Kimber.
Manual of Nursing.....	Humphrey.
Essentials of Hygiene.....	Canfield.
Accidents and Emergencies.....	Dulles.
Outlines of Obstetrics.....	Jewett.
Fever Nursing .....	Wilson.
12,000 Medical Words.....	Gould.

*Second Year.*

Text-Book on Nursing.....	Peter M. Wise.
Physiology and Hygiene.....	Brown.
General Nursing .....	Weeks.
Sickness and Accidents.....	Curran.
Treatment and Care of the Nervous and Insane.....	Mills.
Massage .....	Ostrom.
Primer of Psychology.....	Burr.
Surgical Nursing and Bandaging.....	Voswinkle.

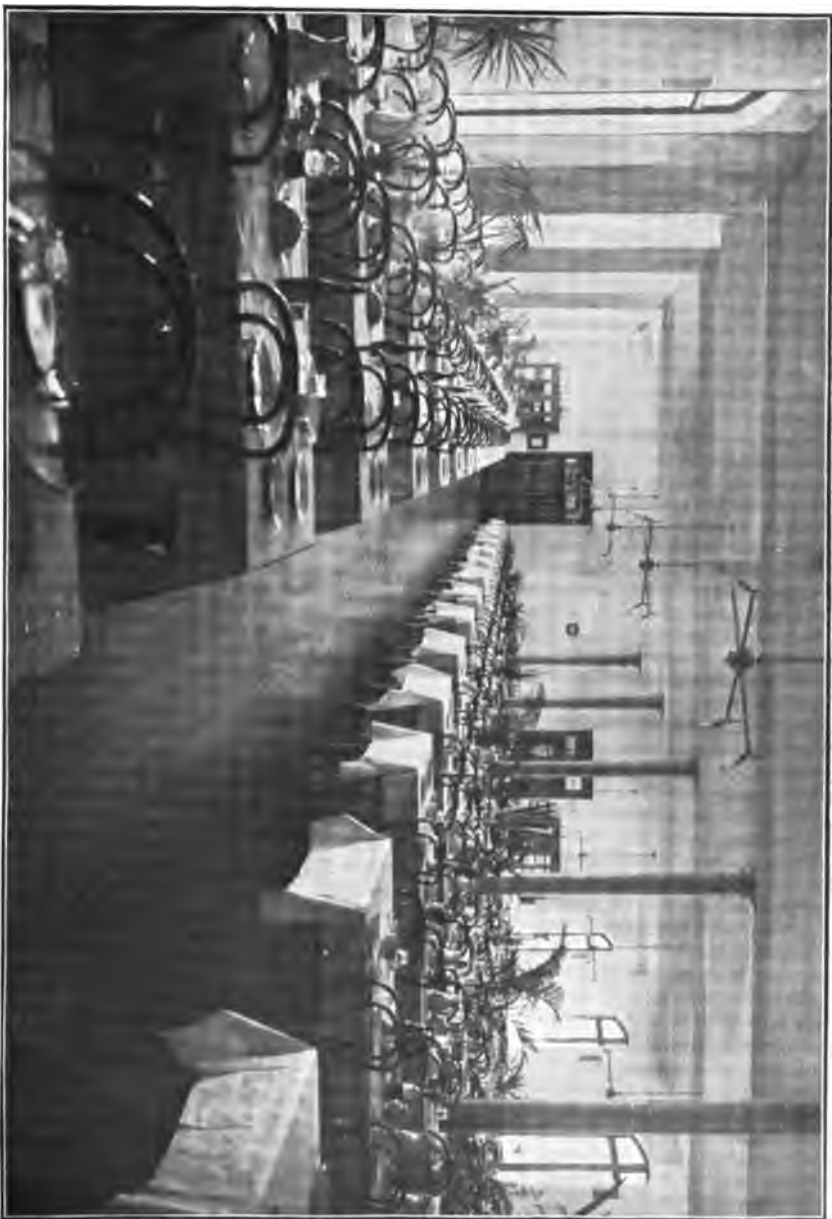
Lectures were delivered to the junior class at 2 p. m. and the senior class at 6:30 p. m., on Tuesdays and Thursdays throughout the session, except the first Thursday of each month. Lectures falling on that day were given the following day, Friday.

The class receives instruction in Bandaging and Massage and Laboratory work at such times as the instructors may designate.

## DIETARY.

During the past year we have not only maintained the standard of good food for the insane which this Institution has in the past provided, but it has been materially improved. Attempts have been made in certain institutions to reduce the quantity and quality of food to a point barely sufficient to supply the necessary physiological requirements. Under such a policy charitable institutions are robbed of the very principle which prompted their establishment. Charity itself is degraded to absolute utilitarianism and a distinct retrograde step made toward the darkness of paganism.

Following will be found the dietary schedule of this Institution for the year covered by this report. It is in keeping with the principle that good food judiciously selected is positively essential for the maintenance of health and the restoration of the sick and infirm. The provision of such a liberal dietary cannot be other than a matter of congratulation to the many friends and relations of the patients in this Institution, as well as a source of pride to the people of New Jersey who are always jealous of the reputation and standing of their State and charitable institutions:



DORMITORY BUILDING.—ASSOCIATE DINING ROOM.



## DIETARY.

	Breakfast.	Dinner.	Supper.
<b>Sunday.....</b>	Oatmeal and milk, with sugar or syrup; eggs, potatoes, bread, butter, coffee.	Ham or roast beef, vegetables, bread, butter, pie. (Tea female department; no tea for D. B.)	Bread, butter, tea, smoked beef, ginger bread, fruit.
<b>Monday.....</b>	Ham or liver and bacon, fried mush, with syrup; bread, butter, coffee.	Corned beef, cabbage, potatoes, bread, butter, rice pudding. (Tea female department; no tea for D. B.)	Cold meat, bread, butter, tea, cheese, fresh fruit.
<b>Tuesday.....</b>	Oatmeal and milk, beefsteak, potatoes, bread, butter, coffee.	Soup, mutton, macaroni, vegetables, bread, butter, bread pudding. (Tea female department; no tea for D. B.)	Tea biscuit, bread, butter, hard boiled eggs, tea, fruit.
<b>Wednesday...</b>	Hash or cold meats, fried hominy and syrup, bread, butter, coffee.	Meat stew, vegetables, bread, butter, fruit or cornstarch pudding. (Tea female department; no tea for D. B.)	Cheese, bread, butter, tea, cold ham or beef. (Oysters female department.)
<b>Thursday....</b>	Steak or chops, fried potatoes, oatmeal and syrup, bread, butter, coffee.	Roast beef or pork and beans, vegetables, bread, butter, boiled rice, custard pudding. (Tea female department; no tea for D. B.)	Bread, corn bread, butter, tea, cake, fruit, cold meat.
<b>Friday.....</b>	Chops or fish, fried mush, with syrup; bread, butter, coffee.	Boiled ham, fresh fish, potatoes, vegetables, bread, butter, rice pudding. (Tea female department; no tea for D. B.)	Cold meat or fish, bread, butter, tea, cake, fruit. (Oysters male department.)
<b>Saturday....</b>	Oatmeal and milk, beefsteak or chops, potatoes, bread, butter, coffee, sugar or syrup.	Soup, pork and beans, vegetables, bread, butter, dessert. (Tea female department; no tea for D. B.)	Corn bread, smoked beef, bread, butter, tea, fresh fruit.

## SPECIAL DIET.

Bread and milk, boiled milk, milk toast, milk punch, eggnog, eggs in such form as may be prescribed, panada, dry toast, jelly, oatmeal, gruels, corn-starch, farina, tapioca, sago, chicken, steak, chops, tea, oysters, soups and broths.

Approved by the Board of Managers, August 1st, 1901.

D. B. means Dormitory Building.

## REGULATIONS CONCERNING FOREGOING DIETARY.

The schedule for the general diet is subject to changes only at regular times, and then by the Board of Managers, except in cases of emergency, when the Medical Director, on consultation with the Medical Committee of the Board, if accessible, or in case of immediate emergency on his own authority, shall make such changes as may be necessary. All changes are to be recorded and reported to the Board at its next meeting by the Medical Director, with reasons therefor.

On Friday the fish shall comprise, from time to time, fresh and salt, including an occasional dish of oysters, the latter to be served to a portion of the house at a time.

A sufficient quantity of beef, hot or cold, shall, on Friday, be served to patients who do not eat fish.

Macaroni and vegetables of more than one kind besides potatoes, such as peas, beets, onions, parsnips, cabbage, tomatoes, &c., shall be supplied, not uniformly the same, but with due regard to variety.

Milk, when served to all, shall be served as part of the special diet; prunes and apple-sauce not to be served more than four times in a week, and, for the sake of variety, when apples are obtainable, they should be used so as to make two services of prunes and two of apple-sauce, neither of them, in any case, to be substituted for fresh fruit when it can be procured with reasonable outlay.

Special diet to be served on order of the Medical Director.

## PATIENTS' WORK.

The necessary work on the wards provides employment for a large number of men and women, and in addition many are employed in the kitchen, bakery, laundry, shops and sewing-room. In the past year 51,223 days' work have been done by patients outside of the wards, and 135,314 days' work by patients on the wards. While this is a satisfactory showing, considering our limited facilities for providing suitable occupation for all classes of insane patients, it is not what it should be for an institution carrying approximately 1,500 patients. A much larger number could be employed if our facilities were greater. The selection of employment suitable to each case is a matter of no small importance. A large proportion of the patients in any large institution may be induced to work if the employment assigned be of a grade and character in keeping with the previous life and habits of the patient. By a wise and liberal provision of means of labor a greater number may be interested in work highly beneficial to their health and useful to the institution as well.

TABLE I.

Number of Days' Work Done by Patients in the Industrial Department.

DATE.	LAUNDRY.			Kitchen.	Farm and grounds.	Bakery.	Shops.	Sewing-room.	Total.
	Men.	Women.	Total.						
1901.									
November.....	245	445	690	339	1,124	126	327	866	3,472
December.....	225	364	589	876	825	137	268	801	2,996
1902.									
January.....	223	443	666	373	835	157	343	846	3,220
February.....	213	355	568	290	758	154	300	879	2,949
March.....	258	407	665	333	934	180	312	1,033	3,457
April.....	266	476	742	350	1,150	290	322	887	3,741
May.....	268	317	585	395	1,263	189	312	920	3,664
June.....	272	420	692	397	1,372	207	334	786	3,788
July.....	272	492	764	382	1,164	209	341	868	3,728
August.....	337	602	939	388	1,206	226	338	932	4,029
September.....	362	488	850	423	1,211	91	355	792	3,722
October.....	369	701	1,070	385	1,226	93	371	1,492	4,637
Total.....	3,310	5,510	8,820	4,431	13,068	2,059	3,923	11,102	43,403

TABLE II.

## Number of Days' Work Done by Patients on the Wards.

	<i>Date.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1901.				
November	.....	5,331	5,968	11,299
December	.....	5,527	5,830	11,357
1902.				
January	.....	5,980	5,723	11,703
February	.....	5,400	5,755	11,175
March	.....	5,024	5,842	10,866
April	.....	5,942	5,617	11,559
May	.....	5,975	5,967	11,942
June	.....	5,815	4,628	10,443
July	.....	5,820	5,700	11,520
August	.....	5,713	5,720	11,433
September	.....	5,422	5,333	10,755
October	.....	5,542	5,720	11,262
Total	.....	67,491	67,823	135,314

## AMUSEMENTS, ETC.

Amusements, entertainments, employment and exercises have commanded careful consideration and have received the fullest support possible within the limits of our facilities and resources. In them we have found some of the strongest and most reliable therapeutic agencies.

There has been no regularly organized base-ball club maintained during the year, but numerous games have been gotten up in which the patients took part, and which afforded them much pleasure.

The golf grounds have been kept in good order, and were open at all hours of the day to the use of all patients who were furnished with clubs and suitable golf supplies. This is a dignified game and the exercise is not of a violent character. It can be participated in by old and young and is sufficiently interesting to attract them to healthful exercise in the open air.

Tennis and foot-ball have also proven attractive to many of our patients.

The various indoor games, such as all large institutions provide and encourage, have retained their usual popularity.

The weekly dances have been kept up throughout the entire year, and at no time have they failed to be well attended and appreciated.







The Hospital would be greatly benefited by installing a hydro-therapeutic plant with all the facilities necessary for treating mental diseases by hydrotherapy.

The records of the Medical Department, which comprise vitally important statistics of the Institution, should be kept in a fire-proof room or vault. This is much needed.

Many hospitals for the insane have long since been provided with diverse means for indoor recreation during the winter months. Here we have absolutely no facilities for affording our patients physical exercise and mental diversion during inclement weather, when it would be obviously detrimental to their health to permit them to go out of doors. Our paucity of efficient remedial agents in the treatment of mental diseases demands that every possible restorative method, with which we are in any way familiar, be utilized in the attempt to benefit our patients. I therefore heartily recommend the installation of bowling alleys in the Dormitory building, the basement of which is especially suitable for this purpose. The recreative, healthful value of this form of exercise is popularly recognized and will undoubtedly prove beneficial to a large number of patients. The expense incurred would be comparatively trifling to the beneficial results that would be accomplished.

I would further advise the purchase of two pool tables for the wards. These would give entertainment and employ the minds of patients whom we are unable to interest in such occupations as are available to us. We have two billiard tables, but I find that a great number of patients enjoy playing pool but are unable to become interested in billiards. We have in the Institution 166 private patients. These patients pay from \$5 to \$50 a week and they are entitled, along with deserving patients who are supported by the counties, recognition in the matter of entertainments, diversions and suitable occupation. To provide such means as are calculated to divert the patients' minds from morbid channels and cause them to forget their real or imaginary troubles, vexations and sorrows is an important step toward bringing about recovery. Good food, properly selected employment, both of a physical and mental character, judicious exercise, the scientific administration of medicine, all play their important parts in the treatment of persons suffering from minds diseased, but probably no fact-operators more satisfactorily in doing good and promoting the well-being of a large proportion of our nervous and excitable patients.

More than usual attention has been paid the organization of the Hospital musical corps, and I am gratified that we now have a first-class orchestra and brass band.

All the members of the chapel choir have manifested much interest in associating with our religious services good music, and their efforts have been attended with highly gratifying results.

#### RECOMMENDATIONS.

The care of 1,500 insane persons carries with it great responsibilities, and presents many trying and perplexing problems. To regulate their diet, to suitably clothe them, to direct their medical treatment, to select employment, to provide means to induce them to exercise and to group and classify them so as to protect the best interests of all, is a matter of daily thought which even the casual observer readily recognizes, but to eliminate from the situation factors that greatly retard the progress of the work and institute changes for the betterment of the patients, where such changes entail the expenditure of money exceeding the Hospital treasury balance, make the responsibility heavier.

This Hospital needs to have removed from it the convict insane; it needs cottages for advanced cases of tuberculosis and other infectious diseases that the danger of infection may be removed; it needs cottages for the epileptic insane, unless they are removed to the State Epileptic Village, so that this class may be more systematically cared for and the interests and welfare of patients disturbed by the presence of epileptics may be better protected; it needs a nurses' home so that nurses who have been on duty sixteen hours out of the twenty-four may sleep away from the patients, or when off duty may be relieved of the monotony of the wards; that they may have a place to congregate and not be forced to go to the nearest town or village for entertainment. Such a home is needed because it would improve the morale of the institution and attract a better grade of men and women to apply for positions in the service.

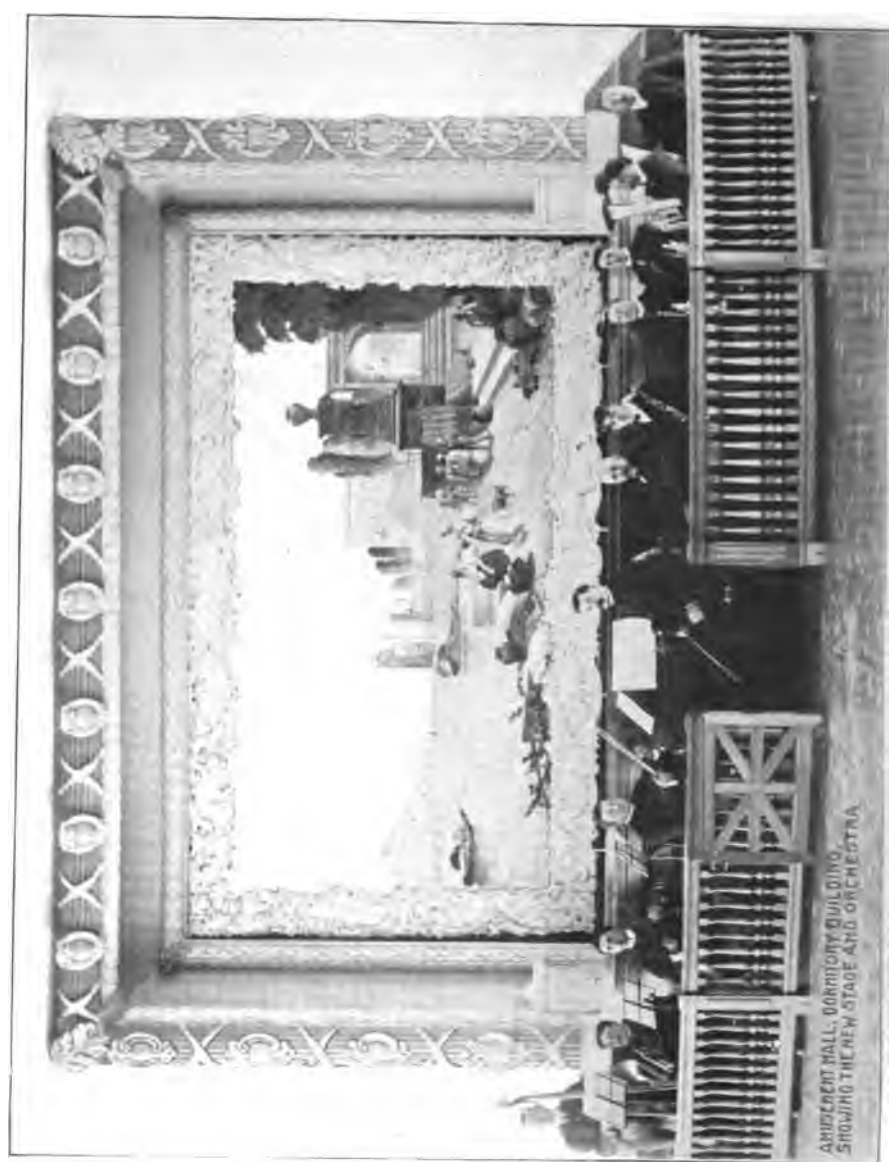
A greater variety of employment is needed so that patients who are not willing to take part in the lower forms of labor can be employed in work closely akin to professional lines, such as type-setting, book-binding, printing, manufacturing of household utensils, &c.

AMUSEMENT ROOM - FEMALE DEPARTMENT









ARIZONA HALL, DORMITORY BUILDING  
SHOWING THE NEW STAGE AND ORCHESTRA

than judiciously selected amusements, such as pool, billiards, tennis, golf and bowling. I therefore strongly advise the purchase of two pool tables and the construction of bowling alleys. Neither of these is new in institution work; most institutions for the insane have them. They are simply important items in which our Hospital is lacking.

The pathologist has briefly stated in his report the fact of the pathological laboratory being handicapped by the want of proper equipment. This important scientific adjunct to the great work of this Institution should have every encouragement and be equipped with every reasonable facility. The amusement hall, at the new building, known as the Dormitory building, has a spacious hall and well suited for the entertainment of a large number of patients, and an appropriate assembly hall for conducting religious services, lectures and the various amusements, such as amateur theatrical performances, dances, &c. The appropriation made by the last Legislature for the construction of a stage has been used and a very satisfactory stage completed, with the exception of scenery. The drop curtain, electric lights and all the necessary facilities have been provided along with the construction of the stage. I recommend that 700 seats, suitable for an assembly hall, be purchased and that additional scenery be supplied.

The equipment of the laboratory, the furnishing of the assembly hall with seats and the necessary scenery, the purchasing of two pool tables and the construction of bowling alleys can be accomplished for about \$4,500.

The above items are of vital interest to the welfare of the Institution, but cannot readily be introduced except through financial aid from the Legislature. The improvement of the State's Hospital in those particulars, which add to its efficiency and promote its paramount interests adds to the value of the State's property and will naturally increase the pride of all good thinking citizens in the Hospital's work.

#### CHAPEL SERVICE.

The following clergymen will continue to conduct religious services in the chapel according to the schedule in operation November 1st:



Rev. Dr. Albert Erdman, Presbyterian, Morristown.

Rev. Dr. Jesse L. Hurlbut, Methodist, Morristown.

Rev. Dr. William H. Hughes, Episcopalian, Morristown.

Rev. S. Z. Batten, Baptist, Morristown.

Rev. Father James T. Brown, Roman Catholic, Morris Plains.

The following is the schedule of services for the coming year :

1902.		1903.	
November	2....Baptist.	May	3....Episcopal.
"	9....Episcopal.	"	10....Presbyterian.
"	16....Presbyterian.	"	17....Roman Catholic.
"	23....Roman Catholic.	"	24....Methodist.
"	30....Methodist	"	31....Baptist.
December	7....Baptist.	June	7....Episcopal.
"	14....Episcopal.	"	14....Presbyterian.
"	21....Presbyterian.	"	21....Roman Catholic.
"	28....Roman Catholic.	"	28....Methodist.
1903.		July	
January	4....Methodist.	"	5....Baptist.
"	11....Baptist.	"	12....Episcopal.
"	18....Episcopal.	"	19....Presbyterian.
"	25....Presbyterian.	"	26....Roman Catholic.
February	1....Roman Catholic.	August	2....Methodist.
"	8....Methodist.	"	9....Baptist.
"	15....Baptist.	"	16....Episcopal.
"	22....Episcopal.	"	23....Presbyterian.
March	1....Presbyterian.	"	30....Roman Catholic.
"	8....Roman Catholic.	September	6....Methodist.
"	15....Methodist.	"	13....Baptist.
"	22....Baptist.	"	20....Episcopal.
"	29....Episcopal.	"	27....Presbyterian.
April	5....Presbyterian.	October	4....Roman Catholic.
"	12....Roman Catholic.	"	11....Methodist.
"	19....Methodist.	"	18....Baptist.
"	26....Baptist.	"	26....Episcopal.

"Each clergyman has an equal representation and is responsible for the services on the date set apart for him. If, for any reason, he is unable to attend, it is understood that he will provide a substitute, with whom he is to arrange, so that the accounts of the Hospital can be kept with the clergyman responsible for the date, not with the substitute."

Adopted by the Board of Managers at a regular meeting September 1st, 1896.

## RESIGNATIONS, APPOINTMENTS AND PROMOTIONS.

During the year there have been several changes in the medical staff. Among these were the resignation of Dr. Eliot Gorton, first assistant physician; the death of Dr. William H. Barton, resident pathologist and fourth assistant physician, and the election, after competitive examination, of Dr. W. Miles Garrison and Dr. Frederick C. Horsford to the positions of fifth and sixth assistant physicians, respectively.

Dr. Peter S. Mallon was promoted to the position of first assistant physician, and has been assigned to the position of senior assistant physician at the Dormitory building.

Dr. Harry A. Cossitt was elected pathologist to succeed Dr. William H. Barton, deceased, and promoted to the position of second assistant physician.

Dr. Christopher C. Beling was promoted from the position of fifth assistant to that of third assistant physician.

Dr. Raymond D. Baker was promoted from the position of sixth assistant to that of fourth assistant physician.

It gives me pleasure, in conclusion, to express my gratification at the interest which my assistants have individually and collectively manifested in the work which I have assigned them.

The various departments under my care and supervision were never in better condition and this is largely due to the zealous and conscientious work of my assistants.

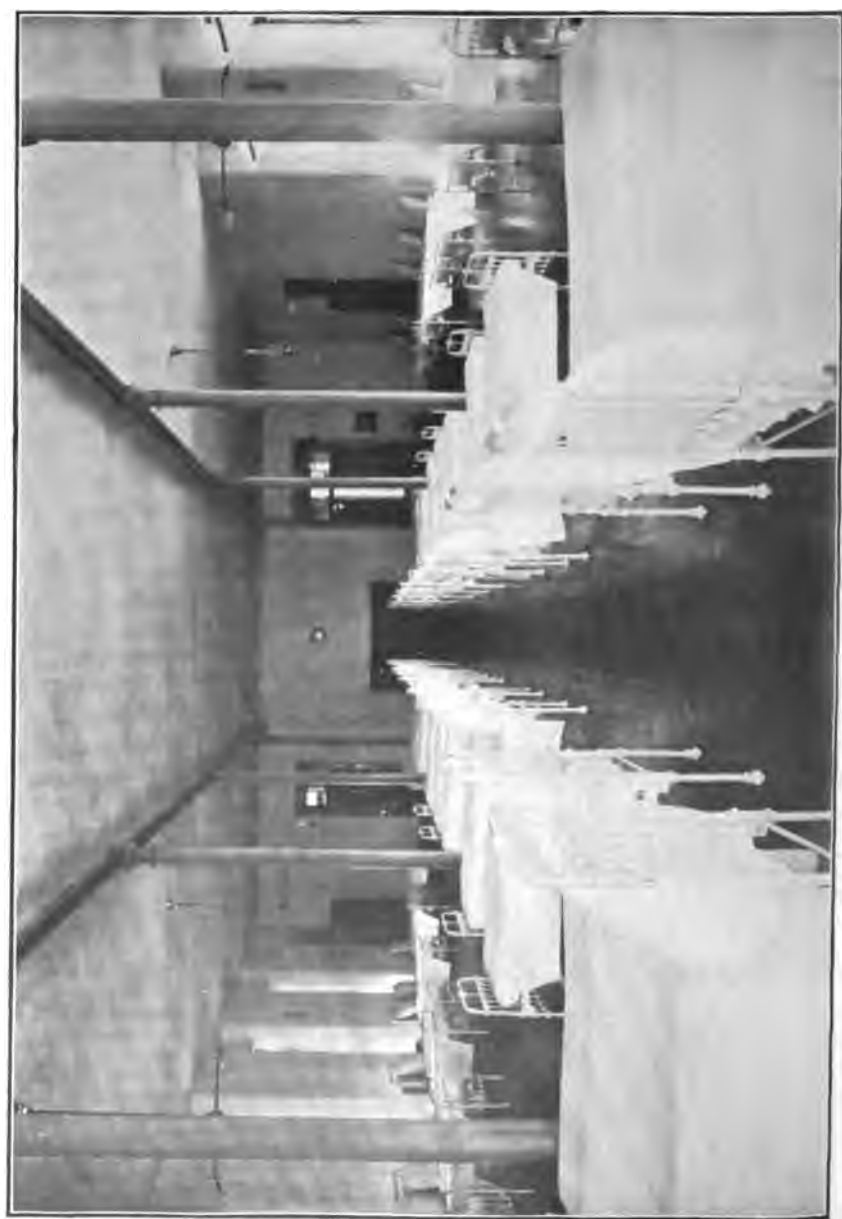
Respectfully submitted,

*Medical Director.*

October 31st, 1902.







DORMITORY BUILDING. A DORMITORY FOR WOMEN.

---

---

**STATISTICAL APPENDIX TO THE MEDICAL  
DIRECTOR'S REPORT.**

---

---

**(87)**



# STATISTICAL APPENDIX TO THE MEDICAL DIRECTOR'S REPORT.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR  
ENDING OCTOBER 31ST, 1902.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
In the Hospital October 31st, 1901.....				707	683	1,390
Patients admitted—						
First admissions .....	162	140	302			
Re-admissions .....	21	29	50			
Total .....				183	169	352
Total number of patients under treatment during the year .....				890	852	1,742
Patients discharged—						
Recovered .....	47	50	97			
Improved .....	18	18	36			
Unimproved .....	3	6	9			
Died .....	88	46	134			
Eloped .....	5	....	5			
Total .....				161	120	281
Remaining in the Hospital.....				729	732	1,461
Of this number there are, Public.....	646	649	1,295			
Private.....	83	83	166			
Total .....				729	732	1,461
Whole number admitted from August 17th, 1876, to October 31st, 1902 .....				3,338	3,091	6,429
Whole number discharged during the same period of time—						
Recovered .....	732	718	1,450			
Improved .....	519	542	1,061			
Unimproved .....	225	272	497			
Died .....	1,105	827	1,932			
Eloped .....	28	....	28			
Total .....				2,609	2,359	4,968
Remaining October 31st, 1902.....				729	732	1,461

(89)



TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1901.									
November .....	16	14	30	11	10	21	708.	683.	1391.
December .....	12	18	25	11	4	15	707.	690.	1397.
1902.									
January .....	9	17	26	16	10	26	707.33	697.73	1405.06
February .....	14	10	24	7	8	15	709.41	701.46	1410.87
March .....	20	9	29	14	11	25	709.32	702.49	1411.81
April .....	16	16	32	13	11	24	713.65	701.	1414.65
May .....	17	23	40	18	13	31	717.98	710.02	1428.01
June .....	15	15	30	9	11	20	713.81	717.54	1431.35
July .....	17	17	34	16	8	24	718.30	722.28	1440.58
August .....	19	17	36	9	13	22	725.89	729.48	1455.37
September .....	17	10	27	11	8	19	735.89	730.97	1466.86
October .....	11	8	19	21	13	34	735.59	731.29	1466.88
Total .....	183	169	352	156	120	276	.....	.....	.....
For the year	..	..	.....	.....	..	..	716.85	709.77	1426.62

TABLE III.

NUMBER OF ATTACK OF THOSE ADMITTED.

<i>Attack.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First .....	134	129	263
Second .....	28	18	46
Third .....	12	10	22
Fourth .....	2	3	5
Fifth .....	4	3	7
Sixth or more.....	3	6	9
<b>Total .....</b>	<b>183</b>	<b>169</b>	<b>352</b>

TABLE IV.

AGE WHEN ADMITTED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years.....	....	1	1
Fifteen to twenty years.....	6	11	17
Twenty to twenty-five years.....	19	15	34
Twenty-five to thirty years.....	26	17	43
Thirty to thirty-five years.....	27	20	47
Thirty-five to forty years.....	30	24	54
Forty to forty-five years.....	18	19	37
Forty-five to fifty years.....	9	21	30
Fifty to sixty years.....	21	21	42
Sixty to seventy years.....	15	9	24
Seventy to eighty years.....	10	6	16
Eighty years and over.....	2	5	7
<b>Total .....</b>	<b>183</b>	<b>169</b>	<b>352</b>

TABLE V.

## NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
California .....	1	....	1
Colorado .....	1	....	1
Connecticut .....	3	3	6
Florida .....	1	1	2
Georgia .....	1	....	1
Illinois .....	....	1	1
Indiana .....	1	....	1
Iowa .....	1	....	1
Kentucky .....	1	....	1
Maine .....	1	....	1
Maryland .....	1	....	1
Massachusetts .....	2	2	4
New Jersey .....	70	56	126
New York .....	25	20	45
Ohio .....	....	1	1
Pennsylvania .....	6	6	12
Virginia .....	1	1	2
Washington, D. C. ....	1	1	2
United States .....	6	6	12
Austria .....	4	5	9
Canada .....	3	1	4
China .....	1	....	1
England .....	8	4	12
Finland .....	....	1	1
France .....	....	2	2
Germany .....	12	14	26
Holland .....	2	3	5
Hungary .....	2	4	6
Iceland .....	....	1	1
Ireland .....	15	25	40
Italy .....	2	2	4
Poland .....	1	1	2
Russia .....	5	2	7
Scotland .....	3	4	7
South America .....	1	....	1
Sweden .....	1	....	1
Switzerland .....	....	2	2
Total .....	183	169	352

TABLE VI.

## RESIDENCE OF THOSE ADMITTED.

<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen .....	18	24	42
Cumberland .....	1	....	1
Essex .....	29	27	56
Hudson .....	24	17	41
Morris .....	19	17	36
Passaic .....	33	43	76
Sussex .....	5	6	11
Union .....	36	25	61
Warren .....	15	8	23
New York, N. Y.....	3	1	4
Nantucket, Mass.....	....	1	1
Total .....	183	169	352

TABLE VII.

## CIVIL CONDITION OF THOSE ADMITTED.

<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single .....	92	64	156
Married .....	72	67	139
Widowed .....	19	38	57
Total .....	183	169	352

TABLE VIII.

## OCCUPATION OF THOSE ADMITTED.

<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Actors .....	1	....	1
Artisans .....	30	8	38
Carpenters .....	6	....	6
Clerks .....	19	4	23
Dressmakers .....	....	4	4
Chemist .....	1	....	1
Farmers .....	12	....	12
Housewives .....	....	71	71
Housekeepers .....	....	7	7
Laborers .....	45	....	45
Merchants .....	5	....	5
Mechanics .....	12	....	12
Nurses .....	....	2	2
Sailors .....	3	....	3
Servants .....	4	33	37
Students .....	2	....	2
Teachers .....	1	1	2
No Occupation.....	21	39	60
Salesmen .....	6	....	6
Clergymen .....	3	....	3
Barbers .....	5	....	5
Physicians .....	1	....	1
Musicians .....	1	....	1
Civil Engineers.....	1	....	1
Railroad Engineers.....	2	....	2
Lawyers .....	2	....	2
<b>Total .....</b>	<b>183</b>	<b>169</b>	<b>352</b>

TABLE IX.

## MENTAL DISEASE OF THOSE ADMITTED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	23	32	55
Mania, acute delirious.....	4	1	5
Mania, chronic.....	1	8	9
Mania, epileptic.....	4	4	8
Mania, puerperal.....	....	2	2
Mania, recurrent.....	6	13	19
Mania, toxic.....	16	8	24
Melancholia, acute.....	54	55	109
Melancholia, agitata.....	....	3	3
Melancholia, chronic.....	8	4	12
Melancholia, recurrent.....	5	....	5
Melancholia, stuporous.....	....	2	2
Dementia, epileptic.....	1	1	2
Dementia, organic.....	4	1	5
Dementia, parietic.....	18	3	21
Dementia, primary.....	1	....	1
Dementia, senile.....	13	9	22
Dementia, terminal.....	3	4	7
Imbecility.....	....	7	7
Imbecility with epilepsy.....	1	....	1
Insane Neuroses; Hypochondria.....	4	....	4
Insane Neuroses; Hysteria.....	....	2	2
Adolescent insanity.....	15	5	20
Pubesant insanity.....	2	1	3
Choreic insanity.....	....	1	1
Paranoia.....	....	3	3
Total.....	183	169	352

TABLE X.

## MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State.....	36	39	75
County.....	102	94	196
Private.....	45	36	81
Total.....	183	169	352

TABLE XI.

## ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<b>Physical—</b>			
Cerebral hemorrhage.....	1	....	1
Child-birth .....	....	4	4
Epilepsy .....	6	5	11
General ill health.....	3	5	8
Grippe .....	2	1	3
Heredity .....	32	25	57
Injury .....	9	2	11
Intemperance and other excesses.....	18	6	24
Masturbation .....	9	2	11
Menopause .....	....	11	11
Morphine .....	3	1	4
Old age.....	8	12	20
Overwork .....	6	6	12
Puberty .....	....	1	1
Pregnancy .....	....	3	3
Sunstroke .....	4	2	6
Syphilis .....	7	....	7
<b>Total .....</b>	<b>108</b>	<b>86</b>	<b>194</b>
<b>Moral—</b>			
Business troubles.....	2	2	4
Domestic troubles.....	1	2	3
Disappointed affections.....	....	5	5
Financial reverses.....	4	1	5
Fright .....	....	2	2
Grief .....	1	5	6
Religious excitement.....	6	3	9
Worry .....	7	11	18
<b>Total moral .....</b>	<b>21</b>	<b>31</b>	<b>52</b>
<b>Total physical.....</b>	<b>108</b>	<b>86</b>	<b>194</b>
<b>Total moral.....</b>	<b>21</b>	<b>31</b>	<b>52</b>
<b>Unassigned .....</b>	<b>54</b>	<b>52</b>	<b>106</b>
<b>Total .....</b>	<b>183</b>	<b>169</b>	<b>352</b>

TABLE XII.

## COMPLICATIONS OF THOSE ADMITTED.

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Acne rosacea.....	2	1	3
Acne vulgaris.....	....	1	1
Anæmia .....	1	1	2
Arterio-sclerosis .....	3	1	4
Atheroma .....	2	....	2
Bronchitis, chronic.....	2	2	4
Cystitis .....	1	....	1
Diabetes mellitus.....	2	....	2
Emphysema .....	3	3	6
Endocarditis .....	17	6	23
Entero-colitis .....	1	....	1
Epilepsy .....	6	5	11
Epithelioma .....	1	....	1
Gangrene of toes.....	1	....	1
Gastritis .....	2	1	3
Glaucoma .....	1	....	1
Gonorrhœa .....	5	....	5
Hemiplegia .....	2	....	2
Hemorrhoids .....	4	1	5
Hepatic abscess.....	1	....	1
Hernia .....	6	2	8
Nephritis .....	14	5	19
Otitis media.....	....	1	1
Pericarditis .....	1	....	1
Pneumonia .....	3	1	4
Pulmonary tuberculosis.....	2	2	4
Rheumatoid arthritis.....	2	1	3
Strabismus .....	1	....	1
Syphilis .....	10	5	15
Tuberculous disease of bone.....	1	....	1
Uterine or ovarian disease.....	....	4	4
Varicose veins.....	2	....	2
Homicidal tendencies.....	37	22	59
Suicidal tendencies.....	41	44	85
Without complications.....	88	128	216

In this table patients who had a number of complications have been noted more than once. Therefore the totals would have no significance.



TABLE XIII.

## HEREDITY OF THOSE ADMITTED.

<i>Heredity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Insanity in family.....	41	38	79
Hereditary taint denied.....	69	62	131
Hereditary history unobtainable.....	73	69	142
Total .....	183	169	352

TABLE XIV.

## DURATION OF DISEASE BEFORE ADMISSION.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	65	56	121
One to three months.....	43	32	74
Three to six months.....	23	16	39
Six to twelve months.....	14	13	27
One to two years.....	18	23	41
Two to three years.....	6	6	12
Three to four years.....	3	4	7
Four to five years.....	2	9	11
Five to ten years.....	6	5	11
Ten to twenty years.....	2	3	5
Over twenty years.....	2	2	4
Total .....	183	169	352

TABLE XV.

## AGE WHEN ATTACKED OF THOSE RESTORED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years.....	...	1	1
Fifteen to twenty years.....	...	2	2
Twenty to twenty-five years.....	9	8	17
Twenty-five to thirty years.....	5	4	9
Thirty to thirty-five years.....	7	12	19
Thirty-five to forty years.....	4	8	12
Forty to forty-five years.....	9	5	14
Forty-five to fifty years.....	3	3	6
Fifty to sixty years.....	9	6	15
Sixty to seventy years.....	1	1	2
Total .....	47	50	97

TABLE XVI.

## DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	15	19	34
One to three months.....	14	16	30
Three to six months.....	7	5	12
Six to twelve months.....	3	3	6
One to two years.....	1	3	4
Over two years.....	7	4	11
Total .....	47	50	97

TABLE XVII.

## DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	2	....	2
One to two months.....	3	2	5
Two to three months.....	9	4	13
Three to four months.....	4	7	11
Four to five months.....	8	10	18
Five to six months.....	3	3	6
Six to nine months.....	6	9	15
Nine to twelve months.....	5	6	11
Twelve to eighteen months.....	1	3	4
Eighteen to twenty-four months.....	1	1	2
Over two years.....	5	5	10
Total .....	47	50	97

TABLE XVIII.

## MENTAL DISEASE OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	9	11	20
Mania, acute delirious.....	1	3	4
Mania, chronic.....	2	....	2
Mania, puerperal.....	....	2	2
Mania, recurrent.....	1	6	7
Mania, toxic.....	11	4	15
Melancholia, acute.....	15	17	32
Melancholia, chronic.....	2	1	3
Melancholia, recurrent.....	1	3	4
Adolescent insanity.....	4	1	5
Insane neuroses; hysteria.....	....	1	1
Insane neuroses; hypochondria.....	1	1	2
Total .....	47	50	97

TABLE XIX.

## AGE AT DEATH.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Ten to twenty years.....	....	1	1
Twenty to twenty-five years.....	1	1	2
Twenty-five to thirty years.....	5	2	7
Thirty to thirty-five years.....	6	2	8
Thirty-five to forty years.....	12	2	14
Forty to forty-five years.....	10	4	14
Forty-five to fifty years.....	3	7	10
Fifty to sixty years.....	18	7	25
Sixty to seventy years.....	18	5	23
Seventy to eighty years.....	14	13	27
Eighty to ninety years.....	1	2	3
Total .....	88	46	134
Average age at death.....	53	55	54

TABLE XX.

## MENTAL DISEASE OF THOSE WHO DIED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	3	6	9
Mania, acute delirious.....	3	....	3
Mania, chronic.....	4	5	9
Mania, epileptic.....	2	1	3
Mania, recurrent.....	1	1	2
Mania, toxic.....	3	....	3
Melancholia, acute.....	4	6	10
Melancholia, agitata.....	....	1	1
Melancholia, chronic.....	6	2	8
Dementia, epileptic.....	4	2	6
Dementia, organic.....	6	4	10
Dementia, paretic.....	21	....	21
Dementia, senile.....	6	7	13
Dementia, terminal.....	24	11	35
Imbecility with epilepsy.....	....	1	1
Paranoia .....	1	....	1
Total .....	88	46	134

TABLE XXI.

CAUSES OF DEATH.				
<i>Causes.</i>		<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<b>Mania—</b>				
Acute, with catarrhal colitis.....	.....	1		1
Acute, with endocarditis.....	.....	2		2
Acute, with exhaustion.....	2	2		4
Acute, with pneumonia.....	1	....		1
Acute, with tuberculosis.....	.....	1		1
Acute delirious, with exhaustion.....	1	....		1
Acute delirious, with nephritis.....	1	....		1
Acute delirious, with pneumonia.....	1	....		1
Chronic, with cerebral hemorrhage.....	.....	1		1
Chronic, with colitis.....	.....	1		1
Chronic, with endocarditis.....	2	1		3
Chronic, with exhaustion.....	.....	1		1
Chronic, with nephritis.....	2	....		2
Chronic, with tuberculosis.....	.....	1		1
Epileptic, with extra-dural hemorrhage.....	.....	1		1
Epileptic, with pneumonia.....	2	....		2
Recurrent, with endocarditis.....	.....	1		1
Recurrent, with pneumonia.....	1	....		1
Toxic, with exhaustion.....	2	....		2
Toxic, with pneumonia.....	1	....		1
<b>Melancholia—</b>				
Acute, with exhaustion.....	2	3		5
Acute, with chronic nephritis.....	1	1		2
Acute, with gastric ulcer.....	....	1		1
Acute, with pneumonia.....	1	1		2
Chronic, with cerebral hemorrhage.....	....	1		1
Chronic, with hepatic abscess.....	1	....		1
Chronic, with inanition.....	1	....		1
Chronic, with nephritis.....	....	1		1
Chronic, with pneumonia.....	2	....		2
Chronic, with tuberculosis.....	2	....		2
<b>Dementia—</b>				
Epileptic, with cerebral hemorrhage.....	1	....		1
Epileptic, with exhaustion.....	1	1		2
Epileptic, with status epilepticus.....	2	1		3
Organic, with cerebral hemorrhage.....	3	1		4
Organic, with convulsions.....	....	1		1
Organic, with endocarditis.....	....	1		1
Organic, with exhaustion.....	2	....		2
Organic, with nephritis.....	....	1		1
Organic, with pneumonia.....	1	....		1

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<b>Dementia—</b>			
Paretic, with acute cardiac dilatation.....	1	....	1
Paretic, with cerebral hemorrhage.....	2	....	2
Paretic, with convulsions.....	9	....	9
Paretic, with exhaustion.....	7	....	7
Paretic, with nephritis.....	1	....	1
Paretic, with oedema of lungs.....	1	....	1
Senile, with cerebral hemorrhage.....	....	1	1
Senile, with diabetes.....	1	....	1
Senile, with exhaustion.....	2	3	5
Senile, with nephritis.....	1	1	2
Senile, with pneumonia.....	2	1	3
Senile, with senile gangrene.....	....	1	1
Terminal, with arterio-sclerosis.....	1	....	1
Terminal, with cerebral embolism.....	1	....	1
Terminal, with cerebral hemorrhage.....	5	1	6
Terminal, with cholelithiasis.....	....	1	1
Terminal, with endocarditis.....	7	3	10
Terminal, with exhaustion.....	5	1	6
Terminal, with hemiplegia.....	1	....	1
Terminal, with intestinal obstruction.....	1	....	1
Terminal, with nephritis.....	1	3	4
Terminal, with peritonitis.....	....	1	1
Terminal, with pneumonia.....	2	....	2
Terminal, with tuberculosis.....	....	1	1
Imbecility, with epilepsy, tuberculosis.....	....	1	1
Paranoia, with tuberculosis.....	1	....	1
<b>Total .....</b>	<b>88</b>	<b>46</b>	<b>134</b>

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

<i>Years.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Increase.</i>
October 31st, 1876.....	159	183	342	....
October 31st, 1877.....	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879.....	248	279	527	47
October 31st, 1880.....	277	309	586	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	26
October 31st, 1883.....	330	377	707	40
October 31st, 1884.....	371	374	745	38
October 31st, 1885.....	415	414	829	84
October 31st, 1886.....	415	441	856	27
October 31st, 1887.....	434	439	873	17
October 31st, 1888.....	463	441	905	31
October 31st, 1889.....	427	430	*857	....
October 31st, 1890.....	450	436	886	29
October 31st, 1891.....	455	443	898	12
October 31st, 1892.....	471	478	949	51
October 31st, 1893.....	509	500	1,009	60
October 31st, 1894.....	520	530	1,050	41
October 31st, 1895.....	541	575	1,116	66
October 31st, 1896.....	538	550	†1,088	....
October 31st, 1897.....	593	584	1,177	89
October 31st, 1898.....	618	618	1,236	59
October 31st, 1899.....	658	644	1,302	66
October 31st, 1900.....	696	693	1,389	87
October 31st, 1901.....	707	683	†1,390	1
October 31st, 1902.....	729	732	1,461	71

\* One hundred patients transferred to Essex County Hospital.

† Eighty-five patients transferred to Hudson County Hospital.

‡ Twenty-five patients removed by Hudson and Passaic counties.



---

---

**REPORTS OF**  
**Wm. H. Barton, M.D., and H. A. Cossitt, M.D., Pathologists.**

---

---

(55)







LABORATORY-MAIN ROOM



# REPORT IN PATHOLOGY.

---

*To the Medical Director:*

The following is the report of the pathological department of this Hospital for the year ending October 31st, 1902.

On July 3rd I was elected resident pathologist to succeed Dr. Wm. H. Barton, deceased. More than two-thirds of the year covered by this report had elapsed when I took charge of the work. So far there has been no marked deviation from the methods of my predecessor. The regular routine work has been kept up, most of the time being devoted to autopsies and clinical laboratory examinations.

I am pleased that the clinical and pathological departments have been closely united, and that the members of the medical staff have taken an active part in both laboratory and autopsy work, with the result that it has been of much help to all. The laboratory is being so arranged that the staff will be able to follow out any special work they may be interested in.

During the past year there have been thirteen autopsies. The average age at death of those upon whom autopsies were performed was fifty and one-half years. The youngest was twenty-nine years and the oldest sixty-seven years. Since autopsies are only performed when permission is given by the relatives or near friends, many interesting cases were not examined. In several, where permission was granted for a post-mortem examination, it was with the restriction that the skull should not be opened, which accounts for the term "not examined" found in succeeding tabulated statements.

• The table immediately following shows the form of insanity of those upon whom autopsies were performed:—

## AUTOPSIES.

Mania, epileptic .....	1
Mania, acute .....	2
Mania, chronic .....	3
Melancholia, acute .....	1
Dementia, epileptic .....	1
Dementia, parietic .....	2
Dementia, terminal .....	3

---

13

(57)

TABLE I.

Number.	Sex.	Age.	Mental disease.	Duration.	Anatomical Diagnosis
271	F.	49	Mania, chronic.....	10 years....	{ Broncho-pneumonia. Chronic pleuritis. Pericarditis. Chronic diffuse nephritis. Chronic appendicitis. Passive congestion of all the organs.
272	M.	38	Melancholia, acute...	8 months..	{ Chronic endocarditis. Hypostatic pneumonia. Chronic interstitial nephritis.
273	M.	57	Dementia, parietic...	3 years....	{ Chronic meningo-encephalitis. Chronic endocarditis. Acute dilatation of heart. General arterio-sclerosis. Chronic pleuritis. Chronic peritonitis. Chronic diffuse nephritis.
274	M.	32	Dementia, terminal..	8 years....	{ Chronic peritonitis. Chronic pleuritis. Chronic appendicitis. Chronic gastritis. Hepatic abscess. Chronic cholecystitis. Acute splenitis.
275	F.	47	Dementia terminal...	22 years....	{ Acute suppurative peritonitis. Chronic diffuse nephritis. Pyosalpingo-oöphoritis. Chronic endocarditis. Chronic pericarditis. Splenitis.
276	M.	58	Mania, acute.....	1 year.....	{ Chronic pachymeningitis. Chronic leptomeningitis. Chronic encephalitis. Acute passive congestion of brain. Partial separation of sagittal suture. Chronic bursitis of right knee. Chronic endocarditis. General arterio-sclerosis. Chronic diffuse nephritis.
277	M.	49	Mania, chronic.....	9 years....	{ Chronic pachymeningitis. Chronic leptomeningitis. General arterio-sclerosis. Hypostatic pneumonia. Chronic endocarditis. Chronic diffuse nephritis. Hypertrophic cirrhosis of liver.
278	M.	60	Mania, chronic. ....	13 years....	{ Chronic meningo-encephalitis. Hypostatic pneumonia of right lung. Chronic pleuritis. Chronic interstitial nephritis. Calcareous degeneration of vessels.
279	F.	67	Dementia, terminal..	20 years....	{ Choledocholithiasis. Chronic choledochitis. Cirrhosis of liver. Chronic interstitial nephritis. Acute septic peritonitis.

TABLE I.—Continued.

Number.	Sex.	Age.	Mental Disease.	Duration.	Anatomical Diagnosis.
280	M.	58	Dementia, epileptic.	18 years...	<p>Chronic meningo-encephalitis.            Acute cerebral hemorrhage.            Chronic endocarditis. Chronic            diffuse nephritis.</p> <p>Chronic pachymeningitis. Chron-            ic leptomeningitis. Acute extra-            dural hemorrhage. Hypostatic            congestion, posteriorly of both            lungs. Chronic pleuritis. Fatty            degeneration of heart. General            arterio-sclerosis. Chronic inter-            stitial nephritis</p>
281	F.	62	Mania, epileptic.....	4 years....	<p>Myocarditis Chronic endocar-            ditis Chronic diffuse nephritis.            Chronic meningo-encephalitis.            General arterio-sclerosis.            Chronic endocarditis. Chronic            pleuritis. Passive hyperemia of            liver. Chronic diffuse nephritis.            Acute broncho-pneumonia.</p>
282	F.	29	Mania, acute.	1 month..	
283	M.	51	Dementia, paretic...	15 months..	

TABLE II.

No.	GROSS LESIONS OF ORGANS.	Brain. Membranes.	Brain.
	<i>Mania, epileptic.</i>		
281	<p>Heart—Muscle of right side of heart atrophied. Left side hypertrophied. Muscle fatty. Post-mortem clot in right auricle and ventricle. Coronary arteries present calcareous degeneration. Base of aorta and aortic valve have areas of calcareous degeneration.</p> <p>Lungs—Pleural surfaces adherent at apices, and to diaphragm. Vessels present many calcareous plates, and small fibrous areas. Hypostatic congestion posterior surface of both lungs.</p> <p>Kidneys—Atrophied. Red. Surface granular. Capsule adherent. Increased consistence. Cortex thinned. Many small cysts on surface of kidney.</p> <p>Spleen—Large, soft, anemic. Capsule strips easily. Surface slightly roughened.</p> <p>Ovaries—Right ovary has undergone cystic degeneration, contained drachm of fluid.</p>	<p>Dura closely adherent, thickened and roughened. Pia thickened and opaque. Large extra-dural hemorrhage, right side, over motor area.</p>	<p>Cortex of right side congested. Cortex of entire brain much atrophied. Substance of diminished consistence.</p>
	<i>Mania, acute.</i>		
276	<p>Heart—Enlarged. Great amount of fat along auriculo-ventricular septum. Walls of left ventricle thickened. Aortic valves thickened and show calcareous degeneration. Arch of aorta has many calcareous deposits.</p> <p>Lungs—Congested. Old cicatrix at apex of right lung. Upper part of upper left lobe oedematous.</p> <p>Kidneys—Enlarged. Capsule strips easily. Small cyst on posterior surface. Cortex diminished; gray in color. Pyramids paler than cortex. Malpighian tufts poorly defined.</p> <p>Spleen—Small. Substance of diminished consistence. Capsule thickened.</p>	<p>Dura congested and adherent. Pia oedematous; large amount of fluid separates it from the convolutions; in places it was cystic. Pia adherent, strips easily, opaque.</p>	<p>Hyperemia of entire brain. Choroid plexus of both lateral ventricles show oedema and cystic formation. Convolutions of brain were flattened and friable.</p>

TABLE II.—Continued.

No.	GROSS LESIONS OF ORGANS.	Brain. Membranes.	Brain.
	<i>Mania, acute.</i>		
282	Heart—Muscle pale, flabby and friable. Mitral valve thickened. Kidneys—Capsule adherent. Cortex thin. Striations poorly defined. Gall bladder—Distended. Walls thickened. Contained many small concretions.	Not examined.	Not examined.
	<i>Mania, chronic.</i>		
271	Heart—Large. Muscular walls thin and fatty. Mitral valve thickened. Pericardium—Full of serous fluid. Distended and thickened. Lungs—Very œdematous. Completely consolidated. Pleural surfaces adherent and thickened at apices. Pleural cavity full of a bloody fluid. Kidneys—Congested. Capsule adherent; surface roughened. Cortex thin. Striations and Malpighian tufts poorly defined. Spleen—Atrophied. Substance of increased consistence. Liver—Congested. Omentum—Very much thickened. Appendix—Bound down by adhesions. Bladder—Congested. Muscular walls thickened. Vagina—Atresia. Uterus—Atrophied.	Not examined.	Not examined.
277	Heart—Muscular walls thickened. Mitral valve markedly thickened, with areas of calcareous degeneration. Calcareous deposits and small acute ulcer in arch of aorta. Lungs—Hypostatic congestion; œdematous. Liver—Enlarged. Very much congested. Nutmeg appearance; on section pale yellow.	Dura adherent and very much thickened. Pia congested and œdematous. Thickened white areas over motor region.	Congested. Cortex thin. Convulsions atrophied. Vessels atheromatous.



TABLE II.—Continued.

No.	GROSS LESIONS OF ORGANS.	<i>Brain. Membranes.</i>	<i>Brain.</i>
	<p><i>Mania, chronic.</i></p> <p>Kidneys — Congested. Capsule strips with difficulty. On section, thickened white areas. Malpighian tufts indistinct.</p> <p>Spleen—Congested. Increased consistence.</p> <p>Intestines—Congested.</p> <p>Appendix — Adherent to colon. Congested.</p>		
278	<p>Heart—Ante-mortem clot in right ventricle and left auricle. Coronary arteries thickened and calcareous. Walls of left ventricle hypertrophied.</p> <p>Lungs — Hypostatic congestion. Areas consolidated. Pleural surfaces thickened and adherent.</p> <p>Liver—Congested.</p> <p>Kidneys—Small. Contain many small cysts. Capsule adherent, leaving a rough surface. Cortex atrophied. Malpighian tufts indistinct.</p> <p>Spleen—Atrophied. Increased consistence. Capsule adherent. Surface rough. Adherent to splenic flexure.</p> <p>Gall bladder—Distended, full of bile, contains many small concretions. Ducts patent.</p> <p><i>Melancholia, acute.</i></p>	<p>Dura adherent, thickened and rough. Pia shows marked changes; much thickened and congested.</p>	<p>Congested. Substance of diminished consistence. Vessels atheromatous and show cystic degeneration. Lateral ventricles contain many small cysts about the size of a pea. Entire left side of Cerebrum and Cerebellum atrophied. Cortex thin. Convolutions atrophied.</p>
272	<p>Heart—Muscular walls thin. Mitral valve thickened and roughened.</p> <p>Lungs—Hypostatic congestion posteriorly of both lungs. Pleural surfaces adherent at apices and to diaphragm.</p> <p>Kidneys—Small, red in color. Capsule adherent. Cortex thinned. Malpighian tufts poorly defined.</p>	<p>Not examined.</p>	<p>Not examined.</p>

TABLE II.—Continued.

No.	GROSS LESIONS OF ORGANS.	Brain. Membranes.	Brain,
	<i>Dementia, epileptic.</i>		
280	Heart—Muscle flabby, pale. Antemortem clot in left ventricle. Mitral valve thickened. Lungs—Both congested posteriorly. Kidneys—Cortex thin. Striations poorly defined. Capsule thickened, adherent.	Dura congested and thickened. Pia congested and thickened in places.	Blood clot in internal capsule. Convulsions flattened. Substance of diminished consistence.
	<i>Dementia, paretic.</i>		
273	Heart—Filled with fluid. Right ventricle very thin and dilated. Aortic valves thickened and covered with calcareous deposits. Coronary arteries calcareous. Lungs—Congested. In state of collapse. Adherent to pericardium. Pleural surfaces adherent and thickened. Liver—Congested. Adherent to transverse colon. Kidneys—Cortex congested, thinned. Capsule adherent. Striations indistinct. Spleen—Congested. Substance increased in consistence. Omentum—Congested. Adherent on right side upon itself.	Dura congested, thickened and adherent. Pia œdematous and opaque.	Congested. Convulsions atrophied. Substance of increased consistence. Cortex thinned. Fluid in left ventricle.
283	Heart—Mitral valve thickened. Coronary arteries thickened and tortuous. Lungs—Lower right and left lobes posteriorly consolidated. Pleura adherent over lower and middle lobes. Liver—Large. Yellow. Surface finely granular. Substance of increased consistence. Kidneys—Capsule adherent. Cortex thin. Malpighian tufts indistinct.	Dura adherent. Veins congested and opaque.	Congested. Convulsions atrophied.

TABLE II.—Continued.

No.	GROSS LESIONS OF ORGANS.	<i>Brain Membranes.</i>	<i>Brain.</i>
	<p><i>Dementia, terminal.</i></p> <p>Heart—Post-mortem clot in right ventricle. Mitral valve slightly roughened.</p> <p>Lungs—Pleural surfaces adherent and present miliary nodules at apices.</p> <p>Liver—Very much enlarged; right lobe studded with small multiple abscesses. Left lobe very much enlarged and contains large hepatic abscess.</p> <p>Gall bladder—Full of dark green purulent fluid. Walls thickened, rough and adherent to intestines.</p> <p>Appendix—Thickened. Bound down by strong adhesions.</p> <p>Spleen—Much enlarged, friable and congested.</p> <p>Stomach—State of chronic passive congestion.</p> <p>Retroperitoneal glands — Filled with pus.</p> <p>Kidneys—Large. Red. Capsule strips easily, leaving smooth surface. Entire substances congested.</p> <p>Suprarenal capsule—Very large.</p> <p>Peritoneum—Thickened and rough.</p>	Not examined.	Not examined.
275	<p>Oedema of lower extremities.</p> <p>Heart — Small. Mitral valve-edges thickened and present many calcareous deposits.</p> <p>Liver—Right lobe adherent to gall bladder.</p> <p>Spleen—Large and lobulated.</p> <p>Kidneys—Right kidney half the size of left. Capsule adherent. Cortex thinned and injected. Both kidneys atrophied.</p> <p>Peritoneum—Thickened, rough and congested. Cavity filled with a purulent fluid.</p> <p>Intestines—Bound down by strong adhesions.</p> <p>Fallopian tubes—Gangrenous. Ruptured. Adherent to surrounding viscera.</p> <p>Ovaries—Right adherent, injected and full of pus.</p>	Not examined.	Not examined.

TABLE II.—Continued.

No.	GROSS LESIONS OF ORGANS.	Brain. Membranes.	Brain.
279	<i>Dementia, terminal.</i>		
	Heart—Muscle pale and flabby. Mitral valve thickened. Aortic valve thickened and rough. Liver—Much enlarged. Yellow. Surface finely granular. Great amount of connective tissue. Gall bladder—Atrophied. Common duct enlarged; contains two large gall stones. Kidneys—Cystic. Capsule thickened and adherent. Cortex thinned. Suprarenal bodies—Very much atrophied. Pancreas—Very much enlarged. Substance of increased consistency. Adherent to under surface of liver. Peritoneal cavity—Contained a large amount of greenish fluid.	Not examined.	Not examined.

Of the thirteen autopsies, twelve presented gross anatomical lesions of the kidneys, making the percentage of gross kidney lesions 92.3 per cent., the highest yet recorded. Adding the results of these autopsies to those of a similar character for the past seven years we obtain the following tabulated statement on gross kidney lesions:

<i>Age.</i>	<i>No.</i>	<i>Showing Gross Kidney Lesion.</i>	<i>Without Gross Kidney Lesion.</i>	<i>Per cent. Showing Gross Kidney Lesion.</i>
Below 30.....	19	8	11	42.1
30 to 40.....	23	14	9	60.9
40 to 50.....	35	28	7	80.0
50 to 60.....	26	18	8	69.2
60 and over.....	44	37	7	84.0
Total .....	147	105	42	71.4

Ten presented gross anatomical lesions of the kidneys after the age of forty. Two of these cases were cases of paresis, making our total to date nineteen cases of paresis, seventeen (89.4 per cent.) of which have presented gross kidney lesions.

The disease was usually of the chronic diffuse type. In the greater per cent. of cases it had progressed to such an extent that a large number of the capillary tufts were almost completely destroyed.

Over 60 per cent. of the cases showed lesions of the heart, and in many of the cases atheromatous changes in the vessels were exhibited.

#### CLINICAL LABORATORY WORK.

There have been 567 specimens of urine examined. In nearly all of these a chemical, as well as a microscopical examination, has been made. Special time has been given to the study of indicanuria to determine its frequency of appearance in cases of mania and melancholia. It has been found to be more frequent in the acute and chronic forms of mania.

For determining as to the presence of the tubercle bacilli 62 specimens were examined. In 47 the results were negative and 15 positive.

Twenty-three specimens were examined for the Klebs-Löffler bacillus. Several cultures were made from each specimen. Num-

erous microscopical examinations were made of these cultures, 12 showing negative and 11 positive results.

There have been two examinations of stomach contents, two of milk, nine of pus and two of tumors. Complete records of all examinations have been made in books set apart for that purpose.

#### BLOOD EXAMINATIONS.

Fifteen Widal tests for typhoid fever have been made. Of these 14 were negative and 1 positive.

Eighty-eight cases have been examined for plasmodium malarix. Fifty-two of these cases were positive and 36 negative. In the greater per cent. of positive cases the tertian organism was present. In all of these cases an average of three stained specimens were prepared and examined.

Thirty-nine blood counts have been made. In estimating the number of red and white cells several fields have been counted. In many of the cases a differential blood count has been made. All of these examinations were made for diagnostic purposes.

The work of the laboratory is greatly handicapped by the lack of facilities and equipment. The rooms, light and location are admirable, and it is both desirable and highly important that they should be fitted up and supplied with all necessary apparatus, tables, shelving and such additional scientific instruments as will enable us to carry out the highest designs of a first-class laboratory.

Respectfully submitted,

H. A. COSSITT.



## DONATIONS.

---

The following is a list of the newspapers which have been sent regularly to the Hospital gratuitously, and are always welcome and appreciated:

The Observer .....	Hoboken.
The Jersey City News .....	Jersey City.
The Evening Journal .....	Jersey City.
The New Jersey Staats Zeitung .....	Jersey City.
The Evening News .....	Hoboken.
The Bayonne Budget .....	Bayonne.
The Kearny Observer .....	Kearny and Arlington.
Hudson County Review .....	Town of Union.
Hunterdon County Democrat .....	Flemington.
Hunterdon Independent .....	Frenchtown.
The Clinton Democrat .....	Clinton.
The Lambertville Record .....	Lambertville.
The Newark Sunday Call .....	Newark.
Town Talk .....	Newark.
New Jersey Trade Review .....	Newark.
New Jersey Deutsche Zeitung .....	Newark.
Newark Evening News .....	Newark.
South Orange Bulletin .....	South Orange.
The Republican .....	Westfield.
The Railroad Employee .....	Hoboken.
Daily True American .....	Trenton.
Union Democrat .....	Rahway.
Der Haus-Freund .....	Elizabeth.
Evening Record .....	Hackensack.
Newark Tribune .....	Newark.
Newark Pioneer .....	Newark.
The Bloomfield Record .....	Bloomfield.
The Bloomfield Citizen .....	Bloomfield.
The Newark Item .....	Newark.
The Orange Journal .....	Orange.
Orange Sontagsblatt .....	Orange.
The Short Hills Item .....	Short Hills.
The Advance .....	Jamesburg.
Southwestern Presbyterian .....	New Orleans, La.
Paterson Volksfreund .....	Paterson.
De Telegraaf .....	Paterson.
Paterson Evening News .....	Paterson.



Passaic Daily News.....	Passaic.
Passaic City Record.....	Passaic.
The Union County Standard.....	Westfield.
The Westfield Leader.....	Westfield.
The Constitutionalist .....	Plainfield.
The Daily Press .....	Plainfield.
The Summit Herald.....	Summit.
The Summit Record.....	Summit.
Elizabeth Daily Journal.....	Elizabeth.
Union County Record.....	Elizabeth.
Freie Press .....	Elizabeth.
The New Jersey Advocate.....	Rahway.
The Hackensack Republican.....	Hackensack.
The Bergen County Index.....	Hackensack.
The Englewood Times.....	Englewood.
Bergen County Herald.....	Rutherford.
Carlstadt Freie Press.....	Carlstadt.
Hunterdon Republican .....	Flemington.
Democrat-Advertiser .....	Flemington.
The Milford Leader.....	Milford.
The Frenchtown Star.....	Frenchtown.
The Morris County Chronicle.....	Morristown.
The True Democratic Banner.....	Morristown.
The Evening Express.....	Morristown.
The Jerseyman .....	Morristown.
The Iron Era.....	Dover.
The Dover Index.....	Dover.
The Morris Journal.....	Dover.
The Madison Eagle.....	Madison.
The Rockaway Record.....	Rockaway.
The Boonton Weekly Journal.....	Boonton.
The New Jersey Herald.....	Newton.
The Post .....	Phillipsburg.
The Warren Democrat.....	Phillipsburg.
The Warren Republican.....	Hackettstown.
The Warren Journal.....	Belvidere.
The Warren Tidings.....	Washington.
The Washington Star.....	Washington.
The Morning Call.....	Paterson.
The Paterson Daily Press.....	Paterson.
Paterson Daily Guardian.....	Paterson.





---

---

## TREASURER'S REPORT.

---

---

(71)



# TREASURER'S REPORT.

*To the Managers of The New Jersey State Hospital at Morris Plains, N. J.:*

GENTLEMEN—The Treasurer of The New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1901, to October 31st, 1902, inclusive:

## *Receipts.*

Balance on hand November 1st, 1901.....		\$13,312 44
From State Treasurer for convict patients.....	\$17,514 29	
State Treasurer for county patients.....	53,136 42	
State Treasurer for State indigent patients..	23,068 39	
State Treasurer for expenses incurred in formulating a plan for the disposal of sewage .....	1,000 00	
State Treasurer for furnishing and equipping new Hospital building.....	16,460 00	
Sundry counties for maintenance of county patients .....	168,340 26	
Private patients .....	59,506 21	
Hides, tallow, &c.....	17,404 37	
First National Bank, Morristown, N. J., for interest .....	62 82	
Sundry insurance companies for loss by fire in laundry building, May 19th, 1902....	5,144 05	
Sundry acceptances of Treasurer, not pre- sented at bank, payment of which was stopped by resolution of the Board, April 3d, 1902 .....	13 69	
	361,650 50	
		\$374,962 94

## *Disbursements.*

On orders of Warden.....	\$372,471 52	
Balance in Treasurer's hands.....	2,491 42	
	374,962 94	

G. C. HINCHMAN,  
*Treasurer.*  
(78)

## THE NEW JERSEY STATE HOSPITAL AT

MORRIS PLAINS, N. J., November 13th, 1902.

We hereby certify that we have examined the Treasurer's accounts and compared the same with his books and vouchers and find them in accordance with the above statement and correctly stated and balanced.

JOHN C. EISELE,  
JOHN A. McBRIDE,  
PATRICK FARRELLY,  
*Auditing Committee.*

*Recapitulation.*

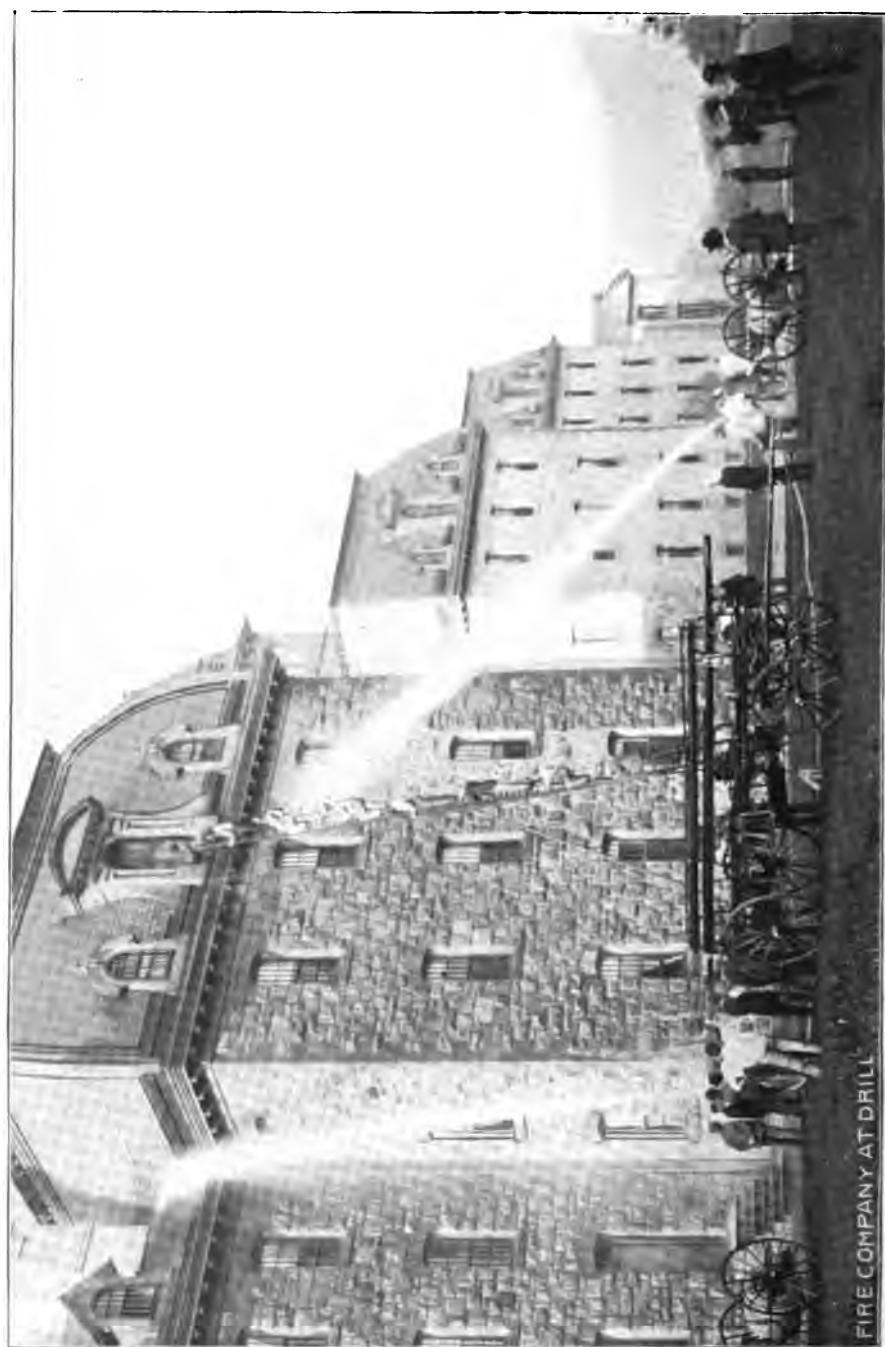
<b>State Treasurer, convict patients—</b>			
First quarter .....		\$4,395 00	
Second quarter .....	\$4,355 71		
	2,514 29		
		6,870 00	
Third quarter .....		4,140 71	
Fourth quarter .....		2,108 58	
			<b>\$17,514 29</b>
<b>State Treasurer county patients—</b>			
First quarter .....		\$13,212 86	
Second quarter .....	\$13,379 86		
	3,136 42		
		16,516 28	
Third quarter .....		23,407 28	
			<b>53,136 42</b>
<b>State Treasurer, indigent patients—</b>			
Second quarter .....	\$6,536 47		
	6,566 79		
	1,501 60		
		\$14,604 86	
Third quarter .....	\$6,887 21		
	1,576 32		
		8,463 53	
			<b>23,068 39</b>
<b>State Treasurer—</b>			
Second quarter, for expenses incurred in formulating a plan for the disposal of sewage.....			<b>1,000 00</b>
<b>State Treasurer—</b>			
Third quarter, for furnishing and equipping new Hospital building .....			<b>16,460 00</b>
<b>County Collectors—</b>			
First quarter .....		\$39,881 08	
Second quarter .....		49,720 33	
Third quarter .....		36,848 11	
Fourth quarter .....		41,890 79	
			<b>168,340 26</b>

<b>Private patients—</b>		
First quarter .....	\$12,325 17	
Second quarter .....	13,458 64	
Third quarter .....	16,697 29	
Fourth quarter .....	17,025 11	
	<hr/>	\$59,506 21
<b>Hides, tallow, &amp;c.—</b>		
First quarter .....	\$5,065 61	
Second quarter .....	2,875 66	
Third quarter .....	4,807 24	
Fourth quarter .....	4,655 86	
	<hr/>	17,404 87
<b>Interest—</b>		
First quarter .....	\$27 37	
Third quarter .....	35 45	
	<hr/>	62 82
<b>Sundry insurance companies for loss by fire in main building, May 19th, 1902—</b>		
Third quarter .....	\$4,115 23	
Fourth quarter .....	1,028 82	
	<hr/>	5,144 05
<b>Sundry acceptances of Treasurer, not presented at bank, payment of which was stopped by resolution of the Board, April 3d, 1902, in second quarter.....</b>		13 69
		<hr/>
		\$361,650 50
<b>Orders paid—</b>		
First quarter .....	\$83,856 11	
Second quarter .....	105,587 25	
Third quarter .....	116,814 53	
Fourth quarter .....	66,213 68	
	<hr/>	\$372,471 52









FIRE COMPANY AT DRILL

---

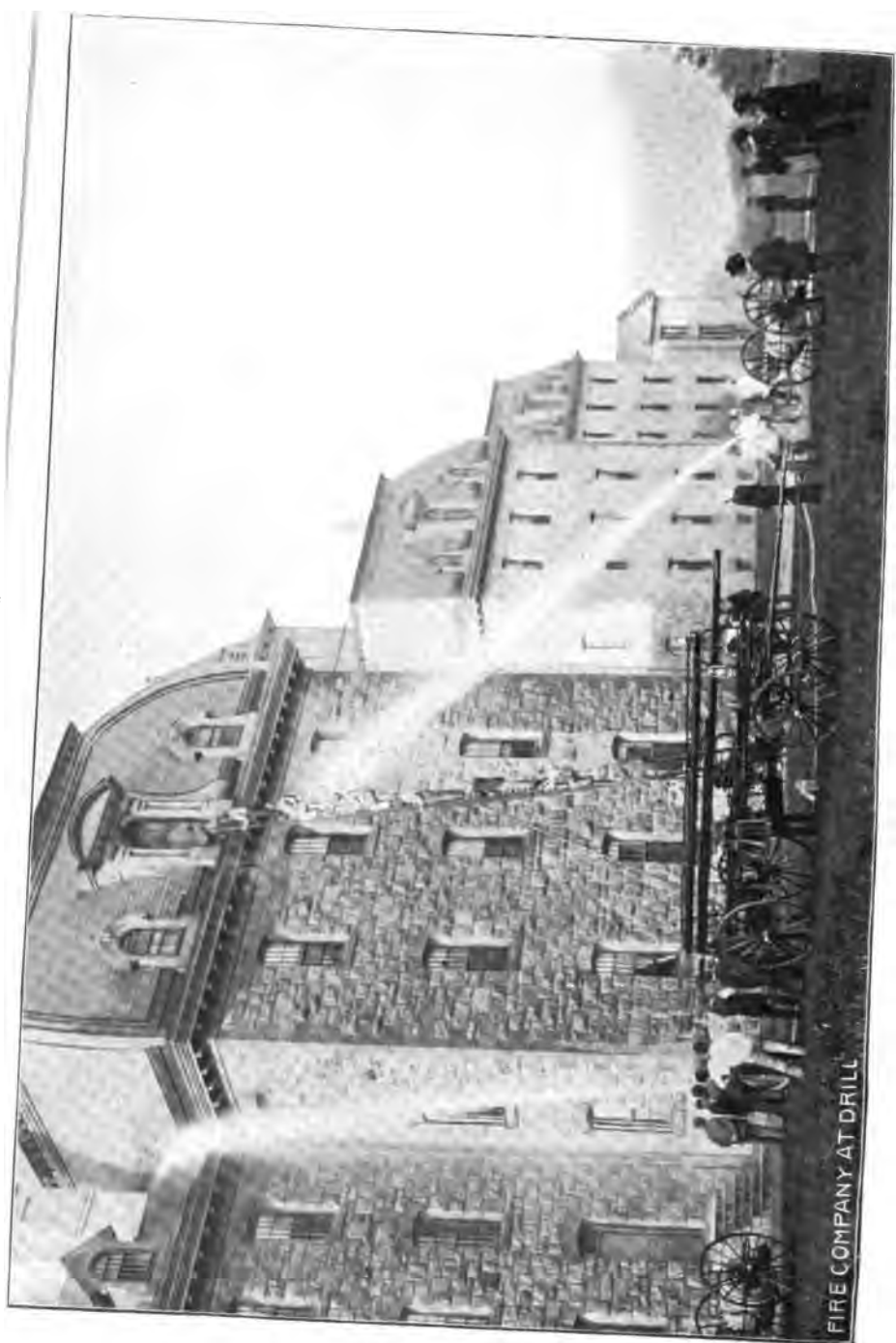
---

## WARDEN'S REPORT.

---

---

(77)



---

---

## WARDEN'S REPORT.

---

---

(77)



## WARDEN'S REPORT.

---

*To the Board of Managers of The New Jersey State Hospital at Morris Plains:*

GENTLEMEN—I have the honor to present the annual report of my department for the year 1902, together with an abstract of accounts.

The receipts and disbursements for the year have been as follows:

Balance on hand November 1st, 1901.....	\$13,312 44	
Receipts from November 1st, 1901, to October 31st, 1902 .....	381,650 50	
		\$374,962 94
Total disbursements from November 1st, 1901, to October 31st, 1902 .....		372,471 52
Cash balance on hand October 31st, 1902.....		\$2,491 42

The small balance of resources above liabilities shown is due in part to the expenditure of funds received for the maintenance of patients for equipping and furnishing the dormitory building and in part to the increased per capita cost of maintaining the patients therein on its being first occupied and only partially filled; and the oversight of the Legislature to appropriate for the support of the patients, with which the State is chargeable, has made it difficult to conduct the business of the Institution for the past year in a satisfactory manner. The law requires that all purchases be made for cash and not on credit. The only way to meet this requirement is to have the cash furnished as provided by law, and this has not been done.

The following is a statement of deficits for 1902:

(79)



County patients .....	\$79,798 58	
Appropriation .....	50,000 00	
Deficiency .....		\$29,798 58
State indigent .....	\$27,951 88	
Appropriation .....	15,000 00	
Deficiency .....		12,951 88
Convict .....	\$17,104 28	
Appropriation .....	15,000 00	
Deficiency .....		2,104 28
		<b>\$44,854 74</b>

The Legislature, at its last session, passed a bill which provides that the State shall pay towards the maintenance and keep of each indigent patient a sum equal to one-half of the price which shall be fixed by the Managers of the Hospitals. Your Board having, by resolution, fixed the price for maintenance of each county indigent patient at \$4 per week, payable in advance, the State is liable for \$2 per week per capita instead of \$1 as formerly. The Legislature, through an oversight, failed to make an appropriation to meet this additional amount of \$1 per week, which will cause a shortage for the year 1903 of \$58,000.

#### BAKERY.

The bakery is an antiquated plant and sorely needs reconstruction upon principles employed in modern bakeries for baking bread and such other forms of food as are cooked in an up-to-date institution baking plant. It was constructed for the purpose of turning out what is known as aerated bread. This bread grows stale and very dry in less than twenty-four hours and is unpalatable and not acceptable to the appetites even of patients suffering from advanced dementia. Its products cause serious complaints throughout the house, and justly so. In addition to this it lacks capacity; the Institution has, in every sense, outgrown it. It is a source of great regret that first-class materials should have to be put through such an ill-adapted plant, giving such unsatisfactory results. There is but one other institution in this country which is now suffering from the inconveniences and ill effects of such an out-of-date baking plant. I strongly advise the doing away with

this unsatisfactory affair because it is not economical, it gives deplorable results at all times and is inadequate to the needs of the Institution. The bread it turns out could scarcely be disposed of upon the market at any price. This system of baking was tried in Newark, New Jersey (about twenty-five years ago), and as a mercantile venture it proved to be a total failure. This matter should be taken up as soon as possible. It will require an expenditure probably reaching twelve thousand (\$12,000) dollars, but I am of the opinion that it will be money well expended.

## LAUNDRY.

Work at the laundry has increased to such an extent that the plant is too small and will have to be enlarged, in order that the work be done with the necessary promptness. I would suggest that part of the room over the old boiler plant be converted into an ironing room. It will be necessary to put down a wooden floor in the room spoken of, put in a skylight, &c., raise the roof over the engine-room on the south side of the boiler-house; also, extend the present extension of the laundry basement thirty feet farther. This will give additional room for present necessities and will also provide for the future. Additional laundry machinery will be needed for this improvement.

The following is an estimate of the cost, viz.:

Floors and skylight.....	\$438 00
Extension .....	5,210 00
Machinery .....	1,500 00
Additional drying room.....	917 15
	<hr/>
	\$8,065 15

## SEWAGE.

Prof. McMillan, of Princeton University, has been employed to assist in perfecting the sewer plant. The workings of the sewer beds have been very satisfactory, but need further improving and reinforcing with a proper preliminary purification of the sewage before delivering it upon the beds, the details of which will be gone into more at large by the Professor in his report to your honorable body.

There has been expended on experiments \$1,010.57, of which the Legislature appropriated \$1,000.

## RESERVOIRS.

Owing to the copious rains during the past year the water-supply has been sufficient and the house has suffered no inconvenience, but I wish to call your attention to the fact that the supply, during a dry season, is not sufficient to meet the requirements. Additional storage should be provided as soon as possible, as it would be bad policy to wait until a severe drouth is upon us. I would again recommend that the reservoir, known as the Ice pond, be enlarged to more than double its present capacity. This would provide for the future. The cost would be about \$10,000.

## GROUNDS AND GRADING.

A lack of funds has made it impossible to do any work towards completing the grading of the grounds around the new building. This should not be allowed to drift along in an unfinished state. If completed it would add to the beauty and value of the property. It will take years to complete this work if done only as fast as the cost of it can be spared out of the ordinary income. It would seem advisable to ask the Legislature to appropriate sufficient money to complete it.

The estimated cost is \$10,000.

## DAIRY BARN.

As a result of the increasing number of patients and quantity of milk required, it has become necessary to increase the number of cows and enlarge the stable room that they may be properly housed for the winter. To do this one of the open sheds has been fixed up with stanchions, at a small cost. It is unfortunate to have to lose the open shed, as sheds are a great protection to cattle during the winter season. As every dairyman knows, cattle do not do as well when they are exposed to the weather. There should be an addition of forty feet built to the barn which would give additional stable room and provide for the increase in the future.

I again renew my recommendation for building a dairy house, with improved appliances for cooling, bottling and caring for the milk. This would be quite as economical, after the plant is established, as our present method, and the benefit, to the patients, of having the milk delivered on the wards in the same sealed bottles in which it is placed at the dairy, is too evident to need explanation. It would also be a more economical and satisfactory method of distribution.

The extra cost of the addition to barn will be.....	\$5,000 00
For the dairy house.....	4,000 00

#### REAL ESTATE.

It is deemed advisable that the State purchase a tract or tracts of land lying north and east of the Hospital lands, which would carry with it the control of the stream emptying into the reservoir, known as the Ice pond, from which a large part of the water-supply is drawn during a dry season, and would enable the Hospital to fully protect the stream from pollution. It would give the Hospital additional land for agricultural purposes, which is very much needed, and would be a good investment from this standpoint alone.

#### ELEVATOR.

It is desirable that an elevator be put in the old building, on the connecting hall between the administration building and Hospital proper. This would give access to every floor of the Hospital and also to the fourth floor of the administration building. This improvement would be of great advantage and would make the upper floors of both the Hospital and administration building very much more desirable and would add to the facilities of administering affairs.

This would cost \$3,500.

## STOREHOUSE, COLD STORAGE AND BUTCHER SHOP.

I again call your attention to the need of storerooms, cold storage and butcher shop in the rear of the boiler-house, so that all the supplies for both the main and annex buildings can be unloaded direct from the cars into such storerooms. This would save a great cost in handling freight and be at a central point for distribution; also, would be under closer supervision of the Storekeeper. As it is now, there are no less than five different storerooms, none of them connecting and all limited in capacity. These rooms could be used for other purposes advantageously. This improvement, with an elevator to connect storerooms with tunnel, would cost about \$12,000.

## SLAUGHTER-HOUSE.

The present slaughter-house is an old building past repair. I would recommend that a new slaughter-house be built on improved principles, with cold storage. It will be necessary to maintain a slaughter-house on the premises, even if the beef supplied in the future should be purchased by the carcass, as there will always be stock on the farm to be slaughtered.

The estimated cost of this plant is \$5,000.

## ANNUAL APPRAISEMENT.

The annual inventory and appraisal was taken as usual. Mr. John Naughton and Mr. James S. Adams, of Morristown, were appointed to assist in this work, and we are indebted to them for their valuable services. The total appraisal of the personal property amounted to \$221,873.85.

## REQUIREMENTS.

The following is an approximate estimate of the amounts of money required from the State, for the subjects herein mentioned, for the fiscal year ending October 31st, 1904:

For the annual appraisement.....	\$75 00	
For the salaries of resident officers.....	14,500 00	
For the maintenance of county patients, based on an average of 1,141 county patients for the year .....		118,664 00
For the support and clothing of insane convict pa- tients, based on an average of 72 convict pa- tients for year—		
Maintenance .....	\$18,720 00	
Clothing .....	1,152 00	
		19,872 00
For the support and clothing of State indigent patients, based on an average of 243 State in- digent patients for the year, at \$4 per week—		
Maintenance .....	\$50,544 00	
Clothing .....	3,888 00	
		54,432 00
		<u>\$207,543 00</u>

In addition to the requirements it will be necessary for the Legislature to provide for the following amounts referred to in the report, so that they may be available during the year 1903, viz:

Deficit, 1902 .....	\$44,854 74
Deficit, 1903 .....	58,000 00
	<u>\$102,854 74</u>

Also, it is desirable that the following amounts referred to in the report be provided for improvements and land required, viz.:

For bakery .....	\$12,000 00
For laundry .....	8,065 85
For reservoir .....	10,000 00
For grading .....	10,000 00
For addition to dairy barn.....	5,000 00
For dairy house.....	4,000 00
For additional land.....	8,000 00
For elevator .....	3,500 00
For storeroom, cold storage and butcher shop.....	12,000 00
For slaughter-house, with cold storage.....	5,000 00
	<u>\$77,565 85</u>

Respectfully submitted,  
MOSES K. EVERITT,  
Warden.

The New Jersey State Hospital at Morris Plains, October 31st,  
1902.









FARM, BARN, AND SHED

# STATEMENT OF RESOURCES AND LIABILITIES.

October 31st, 1902.

## *Resources.*

Balance in hands of Treasurer.....	\$2,401 42	
Due from Hudson county as per bill rendered.....	406 66	
Due from Hunterdon county as per bill rendered....	1,984 99	
Due from Sussex county as per bill rendered.....	1,423 71	
Due from Union county as per bill rendered.....	7,158 09	
Due from Warren county as per bill rendered.....	2,564 28	
Due from State Treasurer for county patients.....	39,213 72	
Due from State Treasurer for convict patients.....	3,543 57	
Due from State Treasurer for State patients.....	15,447 88	
Due from private patients as per bills rendered....	6,911 09	
Due from Sailors' Snug Harbor.....	726 34	
Due from Petty expense account.....	48 28	
Due for clothing.....	11,539 55	
Due for hides, tallow, &c.....	79 10	
	<hr/>	\$93,538 63

## *Liabilities.*

Bills payable.....	\$69,813 72	
Pay roll for month of October.....	9,265 25	
County patients paid beyond.....	2,789 90	
Private patients paid beyond.....	7,098 00	
Amount of bills rendered counties not yet earned..	1,721 76	
Amount of bills rendered private patients not yet earned .....	1,834 36	
	<hr/>	92,522 94
Balance above liabilities.....		\$1,015 69

(87)



# ABSTRACT OF ACCOUNTS.

For the Fiscal Year Ending October 31st, 1902.

G. C. HINCHMAN, *Treasurer.*

## *Dr.*

To balance, October 31st, 1901.....	\$13,312 44
To amount received for board, clothing and incidental expenses of county patients.....	168,340 26
To amount received for board, clothing and incidental expenses of private patients.....	59,506 21
To amount received from State Treasurer for county patients .....	53,136 42
To amount received from State Treasurer for convict patients .....	17,514 29
To amount received from State Treasurer for State indigent patients.....	23,068 39
To amount received from State Treasurer for sewage disposal .....	1,000 00
To amount received from State Treasurer for furnishing and equipping new building.....	16,460 00
To amount received for hides, tallow, &c.....	8,262 66
To amount received for sundries, rags, &c.....	3,174 39
To amount received for hogs and pigs.....	5,859 32
To amount received for rents.....	108 00
To amount received for interest.....	62 82
To amount received on account loss laundry fire.....	5,144 05
To sundry acceptances of Treasurer, not presented at bank, payment stopped.....	13 69
	<hr/> \$374,962 94

## *Disbursements.*

Amusements .....	\$469 86
Books and stationery.....	1,710 09
Bedding, linen, &c.....	4,486 54
Clerical services.....	268 00
Clothing .....	13,167 11
Counsel fees.....	75 00
Crockery and cutlery.....	1,998 05
Coach stable .....	2,686 45
Dairy (includes stock, feed, labor).....	12,521 61
Farm .....	10,720 50

Fire apparatus .....	\$141 54
Flour .....	3,778 10
Freight and train service .....	8,565 63
Fruit and vegetables .....	3,524 09
Fuel .....	24,174 00
Furniture, carpets, &c. ....	2,260 84
Garden .....	4,919 85
Gas fixtures and plumbing .....	3,836 53
Grading .....	3,074 78
Greenhouse .....	1,588 16
Grounds .....	648 24
Household goods and supplies .....	6,238 68
Improvement of buildings .....	640 15
Incidentals .....	3,686 81
Ice .....	319 89
Laundry .....	8,964 01
Light .....	6,900 23
Medical library .....	161 25
Medical supplies .....	9,307 53
Newspapers .....	98 97
New Organ .....	2,000 00
Oil .....	675 95
Pathological .....	5 40
Postage .....	793 56
Provisions and groceries .....	125,177 15
Petty current expenses .....	500 00
Railroad repairs .....	746 52
Refunding .....	2,351 62
Repairs to buildings .....	11,935 43
Smith and wheelwright .....	1,244 01
Stock .....	2,535 44
Sewers .....	1,498 41
Sewage disposal experiment .....	1,010 57
Telegrams, telephone rental, &c. ....	1,317 16
Tinware and fixtures .....	1,490 42
Tools, supplies and repairs .....	13,556 36
Undertakers' charges .....	2,133 00
Wages .....	62,568 03
	<hr/>
	\$372,471 52
Balance in hands of Treasurer .....	<hr/>
	\$2,491 42

# APPENDIX TO WARDEN'S REPORT.

## FARM AND GARDEN PRODUCTS.

### *Dairy and Farm.*

327,855	Quarts milk (average number of cows milked, 80; average per cow, 11.23 quarts per day), at 5 cents.....	\$16,392 75
3,134	Dozen eggs, at 25 cents.....	783 50
235	Tons of hay, at \$15.....	3,525 00
15	Tons of rye straw, at \$15.....	225 00
10	Tons of wheat straw, at \$10.....	100 00
1,500	Bundles cornstalks, at 3 cents.....	45 00
400	Bushels wheat, at 75 cents.....	300 00
300	Bushels rye, at 70 cents.....	210 00
2,500	Bushels mangel-wurzel, at 35 cents.....	875 00
600	Bushels corn, at 75 cents.....	450 00
700	Bushels winter apples, at 50 cents.....	350 00
200	Bushels wind-fall apples, at 25 cents.....	50 00
1,116	Bushels cider apples, at 10 cents.....	111 60
4	Bushels crab apples, at 50 cents.....	2 00
2	Bushels white cherries, at \$3.....	6 00
800	Bushels potatoes, at 70 cents.....	560 00
		<hr/>
		\$23,985 85

### *Stock.*

5,942	Pounds of veal (42 calves), at 11 cents.....	\$653 62
1,862	Pounds of poultry, at 15 cents.....	279 30
328	Pounds of broilers, at 25 cents.....	81 00
47	Cows slaughtered, dressed, 26,615 pounds, at 8 cents.....	2,129 20
	Amount received for hogs sold.....	5,859 32
		<hr/>
		\$32,988 29

### *Garden.*

1,200	Bushels tomatoes, at 80 cents.....	\$960 00
3,000	Bushels potatoes, at 70 cents.....	2,100 00
700	Bushels carrots, at 50 cents.....	350 00
1,100	Bushels parsnips, at 50 cents.....	550 00
900	Bushels beets, at 50 cents.....	450 00
1,100	Bushels white turnips, at 40 cents.....	440 00
100	Bushels rutabaga, at 35 cents.....	35 00
2,900	Bushels mangel-wurzel, at 35 cents.....	1,015 00
350	Bushels onions, at 70 cents.....	245 00

25 Bushels onion sets, at \$2.50.....	\$62 50
300 Bushels apples, at 50 cents.....	150 00
200 Bushels apples (cider), at 10 cents.....	20 00
200 Bushels spinach, at 40 cents.....	80 00
1,500 Bushels kale, at 35 cents.....	525 00
500 Bushels beans (bush), at 75 cents.....	375 00
150 Bushels beans (lima), at \$1.....	150 00
550 Bushels peas, at \$1.....	550 00
200 Bushels cucumbers, at 70 cents.....	140 00
25 Bushels cucumber pickles, at \$1.25.....	31 25
50 Bushels horseradish, at \$1.25.....	62 50
125 Bushels grapes, at \$1.....	125 00
350 Bushels squash, at 50 cents.....	175 00
15 Bushels okra, at \$1.50.....	22 50
50,000 Heads celery, at 3 cents.....	1,500 00
38,000 Heads cabbage, at 5 cents.....	1,900 00
25,000 Heads lettuce, at 2 cents.....	500 00
75 Heads cauliflower, at 10 cents.....	7 50
65,000 Bunches green onions, at 2 cents.....	1,300 00
60,000 Bunches radishes, at 2 cents.....	1,200 00
2,500 Bunches carrots (for soup), at 3 cents.....	75 00
1,500 Bunches celery (for soup), at 5 cents.....	75 00
18,000 Bunches asparagus, at 12½ cents.....	2,250 00
25,000 Bunches rhubarb, at 5 cents.....	1,250 00
2,000 Bunches parsley, at 3 cents.....	60 00
6,000 Bunches leek, at 3 cents.....	180 00
300 Bunches sage, at 5 cents.....	15 00
200 Bunches thyme, at 5 cents.....	10 00
100 Bunches sweet marjoram, at 5 cents.....	5 00
200 Bunches savory, at 5 cents.....	10 00
25 Baskets Keifer pears, at 50 cents.....	12 50
50,000 Ears sweet corn, at 1½ cents.....	750 00
1,200 Bundles cornstalks, at 3 cents.....	36 00
300 Cheese pumpkins, at 10 cents.....	30 00
2,000 Peppers, at ½ cent.....	10 00
3,550 Quarts strawberries, at 10 cents.....	355 00
150 Quarts blackberries, at 10 cents.....	15 00
900 Quarts raspberries, at 10 cents.....	90 00
150 Quarts gooseberries, at 5 cents.....	7 50
1,000 Quarts currants, at 10 cents.....	100 00
1,500 Quarts cherries, at 10 cents.....	150 00
200 Eggplants, at 5 cents.....	10 00

---

\$20,517 25

## RETURN OF WORK DONE IN MATTRESS ROOM AND SHOE SHOP.

Single hair mattresses made, new.....	171
Double hair mattresses made, new.....	5
Single mattresses made over.....	1,358
Double mattresses made over.....	4
Hair pillows made, new.....	391
Hair pillows made over.....	2,146
Feather pillows made.....	48
Single mattress ticks made.....	152
Double mattress ticks made.....	4
Pillow ticks made.....	452
Sofa pillows made.....	24
Pieces of furniture upholstered.....	168
Chapel carpet made, new.....	1
Large hall carpets made over.....	3
Alcove carpets made, new.....	4
Alcove carpet made over.....	1
Corridor carpets made, new.....	2
Corridor carpet made over.....	1
Room carpets made, new.....	21
Room carpets made over.....	4
Carpets taken up.....	195
Carpets laid.....	218
Carpets repaired.....	105
Rooms laid with linoleum.....	4
Bed protectors made.....	413
Bed protectors repaired.....	149
Suspenders made, pairs.....	461
Holland shades made.....	188
Window shades repaired.....	416
Awnings made.....	27
Awnings put up.....	32
Awnings taken down.....	32
Curtains hung, pairs.....	29
Chairs caned.....	170
Settees caned.....	6
Carpet door mats made.....	8
Carpets bound and hemmed.....	386
Mattress ticks repaired.....	378
Holders for bakery and gas-house, pairs.....	106
Pieces of harness made.....	53
Pieces of harness repaired.....	210
Horse blankets repaired.....	39
Mangle aprons made.....	3
Chair cushions made.....	8
Flags made (10 x 18 feet).....	2
Shoes made for deformed feet, pairs.....	2
Boots, shoes and slippers repaired, pairs.....	1,064



## REPORT OF WORK DONE IN SEWING ROOM.

Year ending October 31st, 1902.

Sheets, single .....	4,062
Sheets, double .....	130
Pillow cases .....	2,622
Bolster cases .....	20
Towels, hand .....	3,789
Towels, roller .....	1,154
Towels, dish .....	2,457
Towels, drug room .....	291
Table cloths hemmed .....	389
Napkins hemmed .....	1,096
Blankets hemmed .....	414
Aprons, kitchen .....	418
Aprons, waiters .....	96
Aprons, chef .....	6
Aprons, laboratory .....	30
Aprons, infirmary .....	42
Operating gowns .....	36
Curtains made .....	432
Curtain bands .....	438
Burial robe .....	44
Burial sheets .....	44
Burial chemise .....	44
Burial petticoats .....	44
Chemise .....	1,299
Drawers .....	1,495
Petticoats .....	1,341
Underwaists .....	3
Night dresses .....	334
Night shirts .....	2
Bath robe .....	1
Kimonas .....	6
Dresses .....	1,641
Shirtwaist suits .....	61
Waists made .....	19
Waists altered .....	7
Wrappers altered .....	8
Wrappers made .....	12
Suits made .....	8
Skirts made .....	2
Skirts altered .....	8
Strong dresses .....	12
Eton jacket made .....	1
Jackets altered .....	2
Curtains altered .....	60
Curtain bands altered .....	65
Nurses' dresses .....	46
Nurses' aprons .....	46
Nurses' straps .....	52
Total .....	24,629

## RETURN OF WORK DONE IN TIN SHOP.

Biscuit pans .....	158
Bread boxes .....	25
Butter boxes .....	51
Diet cup covers .....	152
Drinking cups .....	326
Dippers .....	59
Dishpans .....	54
Dinner boxes .....	24
Diet cups .....	311
Flats .....	167
Sputum cups .....	12
Fruit steamers .....	30
Pans for greenhouse .....	20
Golf boxes and cans .....	26
Milk pails .....	10
Name-holders for census boards .....	3,500
Rice pans .....	221
Sprinkling pots .....	4
Tea and coffee pots .....	24
Tin pails .....	141
Sugar boxes .....	36
Fruit cans .....	700
Other pieces as needed .....	665
Tin roofing, square feet .....	680
Copper gutters, square feet .....	574
Pieces of tinware repaired .....	1,826
Locks repaired .....	914
Knives and scissors sharpened .....	409
Also repairs to roofs, ice boxes, gutters, waiter bells, &c.	







# Report on the System of Sewage-Disposal of the New Jersey State Hospital at Morris Plains, N. J.

---

PRINCETON, N. J., November 13th, 1902.

*To the Board of Managers of The New Jersey State Hospital at  
Morris Plains, N. J.:*

GENTLEMEN—Since making my preliminary report to your President in last June, upon the condition of the sewage-disposal system of your Hospital, with suggestions of a suitable provision for preventing that system from being ultimately overwhelmed by the great and apparently unavoidable increase in the volume of sewage flowing from the Hospital in consequence of the very rapid growth of that Institution, I have, with your authorization, on several occasions visited the sewage grounds in company with the Warden and also without him, and have therefore had repeated opportunities, especially throughout the summer, for looking further into their operation and management.

The degree to which the endeavors of the Warden and his aids had reduced the offensiveness of the exhalations from the filter-beds during the warm weather was certainly very encouraging and gratifying. My observations on that point placed my mind entirely at rest as to the probability that, notwithstanding the care taken of the beds, the warm weather might give rise to effluvia which could reach neighboring dwellings, as it has been alleged that it has done in the past. It will be remembered that, in the preliminary report referred to above, I had declared in effect that the odors then noticed by me on the beds (in the latter part of May) were neither strong nor far-reaching, and that they did not appear to me of a character to cause apprehension or that would prevent their being very rapidly dissipated, the implication being that, in my opinion, with the care observed, it seemed highly improbable that they could cause a nuisance. I have not visited your filter-beds since about a month ago, but up to that time, I found no

reason for qualifying the above declaration, implication or opinion as to exhalations from those beds, expressed in my preliminary report to the President. On the contrary, I remember one particular visit in July which caused me to be greatly elated at the success with which the Warden had been dealing with the filter-beds.

While I am referring to exhalations from sewage filters, I would beg you to accept my most positive assurance that I find no proper foundation for the public reports which tended to attribute to the operations of your sewage-disposal process the alleged outbreak of malaria in the neighborhood of the ponds adjoining your property and of the stream to which they are tributary. Investigations by authoritative bodies have failed to trace any connection between that particular disease and well-drained sewage filters of sand or gravel. The origin of the malaria will most probably be found, if sought for, in the extensive fluctuation of the water-surfaces of the mill-ponds of the region under consideration, during the drier seasons of the year, caused by the alternate storing and drawing off of the water according to the needs of the mills which these ponds supply with power, the result being that the lowlands along the borders of the ponds, and particularly at their upper ends, are alternately over-saturated and exposed to the heat of the sun—conditions which are well known to be most favorable to the production of malaria. Moreover, even a casual examination of the valley itself will suggest an additional cause for the disease. In my estimation, were your sewage-disposal to be immediately removed to some distant place, the tendency to malaria along the stream would still remain, until proper hygienic measures had been applied to the valley itself.

I have also, during the intervening months, made occasional tests of the effluents from your filter-beds. I have found that the unresolved organic matter in solution (albuminoid ammonia) in the effluent remains at about the same moderate figure, but I regret to say that in other important particulars the effluent is gradually, but persistently, deteriorating. The analyses suggest very forcibly that the aëration of the filters is seriously interfered with by the slimy matters which, under the existing unavoidable conditions, are necessarily delivered with every discharge of the flush-tank in considerable volume to the beds.

It is impossible, with any reasonable degree of definiteness, to draw a so-called danger line in such a case. The evidence in this case suggests that the deterioration has been progressing for much more than a year, and I am apprehensive that the rate of deterioration will be higher as time passes. I do not believe that the Warden can, under the present conditions and with means at hand make any headway against this deterioration, for his past efforts to obtain the best results from the filtration process, of which I have been witness on several occasions, and of which I have been cognizant since last May, were not ordinary, but very strenuous endeavors to effect the results aimed at, yet the result I find at the end of this season is as I have herein related. It was for this reason that I asked, in my verbal report to you, that the Warden be authorized to prepare another filter-bed. This will aid him to control the disposal, though the relief will be only temporary.

I feel it my duty, therefore, urgently to recommend to your honorable Board to take, as promptly as possible, the necessary steps for instituting the auxiliary process suggested in my report of June 4th, to the President, and herein again described.

The experiment with your sewage, which, upon my recommendation, you authorized the Warden and me to make, for the purpose of determining the effectiveness of the materials which it was proposed to use with this particular sewage, has been continuous operation for nearly two months. It might be advantageously carried further, and will be continued. Yet sufficient insight has been gained into the effectiveness of the material (macadam stone) in producing changes in your sewage, and, moreover, the need of reinforcing your sewage-purification system is now so pressing that I feel warranted, without further delay, in recalling for your consideration the auxiliary scheme suggested in my report of June 4th, as a suitable and efficient means for preventing the further deterioration of your valuable, though overworked, process of sewage disposal.

This auxiliary scheme consists essentially of the installation, on the slope lying between the flush-tank and the present filter-beds, of two series of concrete open tanks, filled with a little more than four feet in depth of the finer grades of macadam stone from which the dust has screened out. The upper series, consisting of four tanks, will be filled in succession with sewage directly from the flush-tank up to within a few inches of the upper surface of



the stone-filling. The sewage, after filling a tank to the requisite height, will be allowed to remain undisturbed for from two to three hours, at the expiration of which time it will be run off into the corresponding tank of the second series, whence, after an equal period of rest within the tank, it will be delivered, very much changed in appearance and composition, as was demonstrated by the samples sent me for examination, upon the existing filter-beds for final and inoffensive purification.

By this means the bulk of the matter held in suspension by the sewage will be arrested in the tanks of the first series, wherein they will gradually disappear, without offense, through bacterial agencies. Similar agencies will operate upon the effluents from the first series of tanks when delivered to the tanks of the second series, the final result of the double treatment being an effluent from the second series which will be free from malodor, possessing very little turbidity and comparatively rich in oxygen. After a tank has been emptied it will be allowed to remain empty for a considerable length of time before being refilled, in order to drain it thoroughly of its previous contents, and more particularly to give time for the reduction of the slimy coating of its stone filling; and the filling, resting filled, emptying and resting empty, of each tank will be regulated by suitable automatic apparatus, in order to secure regularity of action and to minimize the expense of attendance.

The area which will be occupied by all of these tanks will be about one and one-third acres.

My proposition includes the enlargement of the existing macerating tanks and the construction of a suitable covered sludge-tank, into which the deposits in the macerating tanks can be periodically emptied and there dealt with as may be most convenient.

I have carefully reviewed my calculations in the light derived from our experiment and estimate that the entire cost of installing the above auxiliary scheme, enlarging and improving the action of the existing macerating tanks and constructing the requisite sludge-tank, all complete and ready for action, will be about forty-eight thousand dollars (\$48,000). In view, however, of the very rapidly increasing demand for the better grades of cement, which, I understand, are therefore difficult to supply promptly in large orders involving time limitations, it might be safer to quote the above total cost at fifty thousand dollars (\$50,000).

For comparison of the cost of this project with the estimated costs of others, I would recall to your attention my mentioning, in my preliminary report to your President, a scheme for disposing of the sewage of your Hospital on the slopes above Malapardis which was preliminarily examined into by me, in last autumn, under the direction of some public-spirited friends of your Institution, residents of Morristown. The method of disposal considered was "broad irrigation" (sewage farming), with a rate of application to the land of about 2,000 gallons of sewage per acre per day. The estimated cost of conveying the sewage, mainly by gravity, to a proper place from which it could be distributed under proper control, there fitting it by proper treatment for application to the land, laying the necessary distributing ducts with their necessary appliances of control, and under-draining about 200 acres—your flow of sewage being then estimated at about 400,000 gallons per day—was between \$80,000 and \$85,000. This did not include the cost of lands for irrigation and rights of way, the cost and maintenance of power for flushing the inverted syphon which was apparently a necessity for effecting a crossing of the valley at Jaqui's mill, nor did it provide for damages consequent on the deflection of water from the stream.

In addition to the above, you have now had laid before you, through the Morristown Commissioners, the proportionate cost to you for the disposal of your sewage, jointly with Morristown's, into the trunk sewer which has been planned to convey its sewage into the Staten Island Kills.

By your President's invitation, I had the pleasure of listening to the representations of the Commissioners, and will very willingly respond to any questions relating to the considerations and facts then presented which any members of your honorable Board might wish to ask.

With sentiments of high esteem, I am, gentlemen,

Your obedient servant,

CHAS. McMILLAN.



## Requirements for the Admission of Patients to the State Hospitals of New Jersey.

---

### PRIVATE PATIENTS.

The admission of a private or pay patient requires one written request for admission, signed by a near relative or the guardian of the patient, which need not be sworn to, the certificates of two physicians who have been in practice for at least five years; their signatures must be sworn to before a notary public or other proper officer of the law; a bond signed by two responsible property owners, one of which (preferably both) must be a resident of and own property in the State of New Jersey. It is not necessary that the bond be sworn to. (See forms appended.)

Thirteen (13) weeks' board and medical attendance must be paid for at the time of the admission of the patient, and quarterly, in advance thereafter.

The above requirements must be met before a patient can be admitted.

The rates range from five dollars (\$5) to fifty dollars (\$50) per week, which includes medical attendance, board, room and washing. No private patients are admitted for less than five dollars (\$5) per week. No patient not a resident of New Jersey will be admitted for less than ten dollars (\$10) per week.

### INDIGENT PATIENTS.

For the admission of indigent patients a request and the certificates of two physicians are required, as in the admission of private patients, differing in that the indigent papers have the word "*indigent*" in them, showing that the person whose admission is requested is believed to be without means of support and unable to pay for maintenance in the Hospital.

## HABITUAL DRUNKARDS.

The General Statutes of New Jersey, Vol. 2, page 1708, and P. L. 1881, page 236, provide for the commitment of habitual drunkards to a State Hospital for the Insane by proceedings before the Court of Chancery.

## GENERAL RULES.

The law of 1898 requires the certificates of two physicians to the insanity of a patient before his or her admission into any State Hospital of New Jersey can be secured, and these certificates to be valid shall bear date of no more than ten days prior to the commitment of the person named therein. If more than ten days elapse between the making of the certificates and the taking of the patient to the Hospital, the certificates become invalid, and new ones must be made out in order to secure the patient's commitment.

No visiting is allowed on Sundays. Visiting is limited to Mondays, Wednesdays, Fridays and legal holidays, from 10 A. M. to 4 P. M.

The above requirements are regulated by statute, and the action of the Board of Managers, and cannot be changed by resident officers.

The forms of requests, certificates, bonds, &c., are appended. The Medical Director will supply blank commitment papers in response to application for them.

The person writing for papers should always mention the sex of the patient to be committed, and whether such patient is in indigent circumstances or able to pay for maintenance.

Communications and inquiries relative to patients should be addressed to the Medical Director, who will give them prompt attention.

When practicable, a visit to the Institution and a personal interview with its officers previous to completing arrangements is advised.





ROOM FOR  
CONVALESCENT PATIENT

## FORMS.

---

### **Request for Private Patient's Commitment to State Hospital for the Insane.**

*To the Medical Director of The New Jersey State Hospital at Morris Plains:*

The undersigned, of....., in the county of....., and  
City or Town.  
State of....., being desirous of having....., an  
Full name of patient.  
insane person of the county of....., and State of....., com-  
mitted to and confined as a patient in the New Jersey State Hos-  
pital at Morris Plains, hereby requests the admission therein of  
the said....., for the purpose aforesaid. Said  
Full name of patient.  
..... was born at....., on....., resided  
Full name of patient. City or Town. Date of birth.  
at....., and is a.....  
State patient's residence with particularity. Profession, trade or  
..... The undersigned is a.....  
calling of patient. State degree of relation or  
..... of the said.....  
other circumstances of connection between patient Full name of patient.  
and person making request.

Dated....., 19....

Name of person making request.....

P. O. Address, .....

Street and number, .....

City, .....

County, .....

State, .....



**Certificate of Insanity of Patient by Physician Resident of New Jersey.**

I, ....., of ....., in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ..... and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ....., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by ..... of ....., in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regularly professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said .....

1. Patient resides at ....., county of .....; age, ..... years; nativity (*if foreign, how long in U. S.*) .....; sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, .....; of mother, .....

3. Number of previous attacks, .....; present attack began ....., 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) .....

4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

(*If afflicted with any infirmity or disease other than insanity, state it.*)

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*)

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said . . . . . upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

. . . . ., Physician.

#### AFFIDAVIT.

State of New Jersey, county of . . . . ., ss.—. . . . . being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

. . . . . M.D.

Sworn to and subscribed before me this . . . . . day of . . . . . 19 . . . . .

**Certificate of Insanity of Patient by Physician Resident of  
New Jersey.**

I, . . . . ., of . . . . ., in the county of . . . . ., and State of New Jersey, do hereby certify that I am a graduate of . . . . . and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of . . . . ., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by . . . . . of . . . . ., in said State, and I am of the opinion that the said . . . . . is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said . . . . .

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said . . . . . :

1. Patient resides at . . . . ., county of . . . . .; age, . . . . . years; nativity (*if foreign, how long in U. S.*) . . . . .; sex, . . . . .; color, . . . . .; occupation, . . . . .; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, . . . . .; of mother, . . . . .

3. Number of previous attacks, . . . . .; present attack began . . . . ., 19 . . . . . (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) . . . . .

4. Was the present attack gradual or rapid in its onset? . . . . .

5. What is the patient's general physical condition? . . . . .

(*If afflicted with any infirmity or disease other than insanity, state it.*) . . . . .

6. Is the patient cleanly or uncleanly in personal habits? . . . . .

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) . . . . .

8. What is the supposed cause of the insanity? (*State both pre-disposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said . . . . . upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

. . . . ., Physician.

#### AFFIDAVIT.

State of New Jersey, county of . . . . ., ss.—. . . . . being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

. . . . . M.D.

Sworn to and subscribed before me this . . . . . day of . . . . . 19 . . . . .

**Request for Indigent Patient's Commitment to State Hospital for the Insane.**

*To the Medical Director of The New Jersey State Hospital at Morris Plains:*

The undersigned, of . . . . ., in the county of . . . . ., and  
City or Town.  
 State of . . . . ., being desirous of having . . . . ., an  
Full name of patient.  
 insane person of the county of . . . . ., and State of . . . . ., com-  
 mitted to and confined as an indigent patient in The New Jersey  
 State Hospital at Morris Plains, hereby requests the admission  
 therein of the said . . . . ., for the purpose aforesaid. Said  
Full name of patient.  
 . . . . . was born at . . . . ., on . . . . ., resides at  
Full name of patient. City or Town. Date of birth.  
 . . . . ., and is a . . . . .  
State patient's residence with particularity. Profession, trade or calling of patient  
 The undersigned is a . . . . .  
State degree of relation or other circumstances of con-  
nection between patient and person making request.  
 of the said . . . . .

Full name of patient.

Dated . . . . ., 19 . . . .

Name of person making request. . . . .

P. O. Address, . . . . .

Street and number, . . . . .

City, . . . . .

County, . . . . .

State, . . . . .

**Certificate of Insanity of Patient by Physician Resident of New Jersey.**

I, . . . . ., of . . . . ., in the county of . . . . ., and State of New Jersey, do hereby certify that I am a graduate of . . . . . and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of . . . . ., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by . . . . . of . . . . ., in said State, and I am of the opinion that the said . . . . . is insane,

and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said.....:

1. Patient resides at....., county of.....; age, ..... years; nativity (*if foreign, how long in U. S.*).....; sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, .....; of mother, .....

3. Number of previous attacks, .....; present attack began ....., 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) .....

4. Was the present attack gradual or rapid in its onset? .....

5. What is the patient's general physical condition? .....

(*If afflicted with any infirmity or disease other than insanity, state it.*) .....

6. Is the patient cleanly or uncleanly in personal habits? .....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) .....

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*) .....

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*) .....

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate: .....

The following are the facts as to the insanity of the **said** .  
upon which my opinion is founded:

(1) The patient said (*state what the patient said, if any, in the presence of the physician*):

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance in manner*):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others (*State what, if any, significant change there has been in patient's disposition, mental condition, business or social habits, bodily health.*)

....., *Physician.*

#### AFFIDAVIT.

State of New Jersey, county of ....., ss.—.....  
being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

.....M.D.

Sworn to and subscribed before me this.....day of.....19...

.....

**Certificate of Insanity of Patient by Physician Resident of  
New Jersey.**

I, ....., of ....., in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ..... and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ....., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by ..... of ....., in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said .....

1. Patient resides at ....., county of .....; age, ..... years; nativity (*if foreign, how long in U. S.*) .....; sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, .....; of mother, .....

3. Number of previous attacks, .....; present attack began ....., 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) .....

4. Was the present attack gradual or rapid in its onset? .....

5. What is the patient's general physical condition? .....

(*If afflicted with any infirmity or disease other than insanity, state it.*) .....

6. Is the patient cleanly or uncleanly in personal habits? .....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) .....



The following are the facts as to the insanity of the said.....  
upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others:  
(*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

....., *Physician.*

#### AFFIDAVIT.

State of New Jersey, county of ....., ss.—.....  
being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

.....M.D.

Sworn to and subscribed before me this.....day of.....19...

.....

**Certificate of Insanity of Patient by Physician Resident of  
New Jersey.**

I, . . . . ., of . . . . ., in the county of . . . . ., and State of New Jersey, do hereby certify that I am a graduate of . . . . . and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of . . . . ., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by . . . . . of . . . . ., in said State, and I am of the opinion that the said . . . . . is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said . . . . .

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said . . . . . :

1. Patient resides at . . . . ., county of . . . . .; age, . . . . . years; nativity (*if foreign, how long in U. S.*) . . . . .; sex, . . . . .; color, . . . . .; occupation, . . . . .; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, . . . . .; of mother, . . . . .

3. Number of previous attacks, . . . . .; present attack began . . . . ., 19 . . . . . (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) . . . . .

4. Was the present attack gradual or rapid in its onset? . . . . .

5. What is the patient's general physical condition? . . . . .

(*If afflicted with any infirmity or disease other than insanity, state it.*) . . . . .

6. Is the patient cleanly or uncleanly in personal habits? . . . . .

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) . . . . .

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate.

The following are the facts as to the insanity upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

....., Physician.

#### AFFIDAVIT.

State of New Jersey, county of ....., ss.—  
being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

..... M.D.

Sworn to and subscribed before me this.....day of.....19...

**Maintenance Bond.****MALE.**

Whereas, . . . . ., of . . . . ., an insane person, has been admitted as a patient into The New Jersey State Hospital at Morris Plains, N. J.

Now, therefore we the undersigned, in consideration thereof, jointly and severally bind ourselves to Guido C. Hinchman, Treasurer of said Hospital, to pay to him, and his successors in office, . . . . . dollars, . . . . . cents per week, for the care and board of said insane person, as long as he shall continue in said Hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention; and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the Warden of the Hospital; and to remove him from the Hospital whenever the room occupied by him shall be required for a class of patients having preference by law, or whenever he shall be required to be removed by the Managers or Warden; and also to pay all expenses incurred by the Managers or Warden in sending said patient to his friends in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and if he shall be removed, at the request of his friends, before the expiration of six calendar months after reception, then to pay board for twenty-six weeks, unless he shall be sooner cured, and also to pay, not exceeding fifty dollars, for all damages he may do to the furniture or other property of said Hospital, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made quarterly in advance from date of admission, and at the time of removal, with interest on each bill from and after the time it becomes due.

In Witness Whereof, We have hereunto set our names this . . . . day of . . . . . in the year 19 . . . .

(Name) . . . . . [ L. S. ]

(Residence) . . . . .

(P. O. Address) . . . . .

(Name) . . . . . [ L. S. ]

(Residence) . . . . .

(P. O. Address) . . . . .

Signed and sealed in presence of . . . . .

**Removal Bond.**

Know all men by these presents, that . . . . ., held and firmly bound unto the State of New Jersey in the penal sum of . . . . . dollars, lawful money of the United States, to be paid to the said the State of New Jersey, or its assigns; to which payment well and truly to be made, we do bind ourselves, jointly and severally, on and each of our heirs, executors and administrators firmly by these presents. Sealed with our seals, and dated this . . . . . day . . . . ., in the year of our Lord one thousand nine hundred and . . . . .

Whereas, . . . . ., of the county of . . . . ., hath heretofore been, and still is, confined in The New Jersey State Hospital and . . . . . and whereas, said Hospital is now full, and the Medical Director hath certified to the Managers that said . . . . . is manifestly . . . . ., and can probably be rendered comfortable at . . . . ., and said Managers are willing to discharge said . . . . . and to deliver . . . . . to . . . . . relatives or friends, upon receiving satisfactory security for . . . . . peaceable behavior, safe custody and comfortable maintenance without further public charge;

Now, therefore, the condition of the above bond or obligation is such that if the said . . . . ., or their heirs, executors or administrators, do and shall, from and after the date hereof, secure the peaceable behavior and safe custody of said . . . . ., and provide for . . . . . a comfortable maintenance, so that . . . . . shall not be a charge on the public; then said bond or obligation to be void, otherwise to continue in full force and virtue.

. . . . . [L. S.]

. . . . . [L. S.]

Scaled and delivered in the presence of . . . . .

N 53  
M 87

JUL 23 1907

N 17  
M 8

# TWENTY-EIGHTH ANNUAL REPORT

OF THE

## Managers and Officers

OF

# THE NEW JERSEY STATE HOSPITAL

## At Morris Plains

### FOR THE YEAR ENDING OCTOBER 31st

## 1903

---

CAMDEN, N. J. :

SINNICKSON CHEW & SONS COMPANY.

1904.



# TWENTY-EIGHTH ANNUAL REPORT

OF THE

Managers and Officers

OF

# THE NEW JERSEY STATE HOSPITAL

At Morris Plains

FOR THE YEAR ENDING OCTOBER 31st

1903



CAMDEN, N. J. :  
SINNICKSON CREW & SONS COMPANY.  
1904.









FRONT OF HOSPITAL, SHOWING ADMINISTRATION BUILDING

## MANAGERS.

---

### PRESIDENT.

PATRICK FARRELLY ..... MORRISTOWN.

### VICE PRESIDENT.

JOHN C. EISELE.....NEWARK.

JAMES M. BUCKLEY, D.D.....MORRISTOWN.

JOHN A. McBRIDE.....DECKERTOWN.

DAVID ST. JOHN, M.D. ....HACKENSACK.

JAMES W. SMITH, M.D.....PATERSON.

RICHARD A. McCURDY.....MORRIS PLAINS.

JAMES G. MORGAN.....WEEHAWKEN.

(3)



## OFFICERS.

---

### MEDICAL DEPARTMENT.

BRITTON D. EVANS, M. D.....	<i>Medical Director.</i>
PETER S. MALLON, M.D.....	<i>First Assistant Physician.</i>
HARRY A. COSSITT, M.D.,	<i>Second Ass't Physician and Pathologist.</i>
CHRISTOPHER C. BELING, M.D.....	<i>Third Assistant Physician.</i>
RAYMOND D. BAKER, M.D.....	<i>Fourth Assistant Physician.</i>
W. MILES GARRISON, M.D.....	<i>Fifth Assistant Physician.</i>
FREDERICK C. HORSFORD, M.D.....	<i>Sixth Assistant Physician.</i>

### BUSINESS DEPARTMENT.

MOSES K. EVERITT.....	<i>Warden.</i>
GUIDO C. HINCHMAN.....	<i>Treasurer.</i>
CHARLES H. GREEN.....	<i>Secretary.</i>



# Report of the Board of Managers

---

*To His Excellency, Franklin Murphy, Governor of New Jersey :*

In presenting this twenty-eighth annual report of the New Jersey State Hospital at Morris Plains, the Managers are highly gratified to be able to state that the record of recoveries during the past year shows, not only a greater number of patients discharged as recovered, but a greater ratio. The Hospital was opened August, 1876. The highest number discharged as recovered in any previous year was in 1901, when the recoveries were 98. The recoveries for this year are 131. The highest ratio of recoveries in previous years also was in 1901, which was 31.5 per cent., while for the year covered by this report the ratio is 35.7 per cent. of recoveries.

During the past year admissions have averaged more than 1 a day, there being 367 admitted between October 31st, 1902, and November 1st, 1903. Further particulars on this interesting and encouraging result may be found in the report of the Medical Director to the Board of Managers.

There are now 1,505 patients in the Hospital. Usually the sexes appear here in about equal numbers; this year there were 17 more women than men. The highest number on any one day was 1,547. The percentage of recoveries is computed upon the number of admissions; as, unlike general hospitals, the majority of incurables become residents. This is seen from the fact that the total number of patients under treatment during the year was 1,828, while 367 were admitted for treatment.

The table showing the Age at Death demonstrates that the insane, under good care, are liable to live to a ripe old age. More than 40 per cent. of those who died were over 60 years of age; 20 were between 60 and 70; 23 between 70 and 80, and 8 between 80 and 90. Twenty-seven of those who died were



victims of senile dementia. Although some of the patients who died at a great age did not become inmates of the institution until they were far advanced in life, a large number had been inmates for many years. Some utilitarians might regard this as undesirable, but the obligations of humanity rest upon the State, even though persons of no use to their friends and their families survive. It is the same care which leads to longevity in the aged insane which makes possible the restoration of those who recover.

More than three-fourths of those admitted were suffering from their first attack. The largest number were between 50 and 60 years of age; the next largest between 30 and 35; the next below that between 35 and 40; and the next below that between 45 and 50 and 25 and 30, 40 of each.

We have directed the attention of successive governors of our commonwealth to the great evils resulting from admitting the criminal and convict insane to our State Hospitals. The Medical Director testifies that in his entire experience he has never seen a relative of a patient who did not feel deeply hurt when first made acquainted with the fact that convicts and criminals are admitted to the State Hospitals. It would cost no more to maintain insane convicts and criminals in an institution properly constructed, equipped and organized for their detention, management and treatment than it does to keep them in the present State Hospitals. In the latter place they exert a demoralizing influence upon all with whom they come in contact, and there is no way to keep them so as to prevent their escape. At this time there are in the State Hospital at Morris Plains 67 convicts and 33 criminals. The convicts are those who have been tried for crime, found guilty and sentenced to prison, and have there become insane or have been found to be insane, after trial and before removal to prison. The criminals are those who have committed a crime and have at once been found to be insane and committed to asylums and hospitals, or have been tried and acquitted on the ground of insanity.

It is increasingly difficult to secure and retain qualified nurses. The Medical Director convincingly sets forth in his report to the

Board of Managers the importance of a building for nurses. With the present facilities the nurses and attendants are forced to sleep in the wards occupied night and day by the patients. This deprives them of any semblance of home life. The Medical Director graphically describes the duties of such nurses, but does not in any degree pass beyond the facts. Only a small percentage of those being nursed and cared for seem capable of appreciating the attentions they receive, and rarely show gratitude for the kind care given them. Yet the nurses are required to return kind words for abuse. The work is most difficult. There is no time in which they are free from the necessity of extreme watchfulness, both to prevent the patients from injuring themselves or other patients and to protect their own persons from sudden attacks. The Medical Director in his report calls for a building where they may sleep, away from the strain, noise and disturbances which characterize their daily duty, where they can spend their few off-duty hours in reading, study and legitimate recreation. In this way the service of a uniformly high grade of nurses and attendants may be commanded. There are in the institution 150 nurses and attendants, equally divided among the sexes. The Board of Managers, after carefully considering the subject, unanimously approve the recommendation, and ask for this year forty thousand dollars (\$40,000) to erect a house to accommodate the 75 female nurses and attendants.

Another need of the Medical Department is of vital importance to the State. The records of the department include legal commitment papers which have accumulated under the necessary system which prevailed at the time when the institution was established, so as to occupy all the available space and to become a serious incubus. Besides, should a fire break out in the offices of the Medical Department, they would be destroyed. The law of the State requires that the testimony of physicians, relatives, and the commitment papers should be preserved; that from time to time all available facts concerning the past history and current condition of patients should be recorded. This is necessary because inquiries may arise concerning any patient in the settling up of property, and the institution itself must be in a condition

to defend itself against false charges. We therefore ask for an appropriation of three thousand dollars (\$3,000) to make and equip a fire-proof room.

Further askings of the Board are as follows: Twenty-five thousand dollars (\$25,000) for a laundry and machinery for the same. The present laundry was built to do the work for 1,000 patients and those required to take care of them. At present, over 1,800 persons must be cared for in this respect; the present facilities are wholly inadequate. This building is an absolute necessity and has been growing more and more onerous with the annual rise in population, until now it is unendurable.

An extension is called for to the dairy barn, in order to make it possible to furnish the Hospital with this character of supplies for daily food. It should be remembered that a very large number of patients have to be kept entirely on milk in various periods of their diseased mental and physical condition. The appropriation necessary for this is six thousand dollars (\$6,000). The appropriation of three thousand dollars (\$3,000) made by the last Legislature for this purpose was inadequate, and we were therefore forced to allow it to lapse.

Eighteen thousand dollars (\$18,000) is asked for a new slaughter-house and cold storage appliances.

A dairy building and appliances, which will cost four thousand dollars (\$4,000), are also necessary. The report of the Warden assigns the reasons for these requests.

Last year the Legislature made an appropriation for an elevator at the Administration building, the need of which is continually felt. A large proportion of the patients brought to the institution are in such a condition that they cannot be easily taken without the aid of an elevator to the wards to which they are assigned without the demoralizing disturbance, while the steady work of the institution requires economy of effort in ascending and descending stairs. But the appropriation was not sufficient to secure one, and the Board was obliged regretfully to allow it to lapse into the treasury.

## COUNTY INSTITUTIONS FOR THE INSANE.

There are three county institutions which by law the Board of Managers is required to visit and report the results to your Excellency. The city of Paterson has an arrangement with the authorities of the county whereby the indigent insane are taken care of in the Passaic County Asylum. At present there are 34 women and 8 men in that institution, which is still in the hands of Mr. John J. Donnelly, who is the superintendent. Under his management affairs are conducted in a manner satisfactory to the county officials of Passaic.

The Essex County Asylum, situated on South Orange avenue, in the city of Newark, is under the superintendency of Dr. Dill, chief of the medical staff, who occupies the same position relative to the new building located at Overbrook, in Verona township. In the South Orange avenue institution there are three medical assistants, and at Overbrook there are two resident physicians. The number of patients in both on the date of our visit was 997, of which 419 were male and 578 were female. At Overbrook much has been done in regard to improvements since our inspection last year. At this Hospital a wing is in course of construction, a portion of which is being built with the view of caring for the convict insane. This has become a necessity, inasmuch as the State has not yet seen fit to erect the separate Hospitals which alone could meet the emergency caused by the existence of convict and criminal insane. The training school is educating an efficient corps of attendants. Much of the credit is due to Dr. Dill and his assistants. The only recommendations we have to make are to urge the freeholders to continue the support of the medical staff and superintendents, so as to place Essex county beyond question in the front rank of institutions of its class in the country.

## HUDSON COUNTY ASYLUM.

This institution is still in charge of Dr. George W. King, and is situated at Snake Hill. At the date of our visits the inmates numbered 313 male and 236 female. For many years we have

reported the pressing need of more assistants to the Medical Director. It is impossible for one man to properly care for the number under his charge. In addition to his duties as Medical Director, Dr. King has to attend to all the business of the institution. We renew our recommendation of last year, that provision be made to enable Dr. King to select and appoint one or more physicians who shall be under his orders and control. The corridor and rooms on the ground floor are not in a sanitary condition.

We regret to have to record our conviction that the Hudson County institution, though it has an excellent superintendent is not, for the reasons above mentioned, a credit to the county.

#### CONCLUSIONS.

In presenting to your Excellency the matter of appropriations needed for the proper administration of the affairs of the Hospital, we have given careful consideration to both such as are provided for by statute, and those known as extraordinary appropriations. We have deemed it our duty to direct your attention especially to those matters and things which, after mature thought, have appealed to us as being greatly needed and of the highest importance. The State, by legislation, has made provision for the maintenance of the indigent insane, but the needs of a rapidly-growing and already immense institution demand from time to time additional facilities and accommodations and the making of permanent improvements. Such improvements do not disappear, but become a part of the plant and add permanently to the value of the State's property and the institution's assets. To overlook or neglect these important aspects of the work would not evidence good stewardship, and would result in allowing this great charity, in which every good citizen takes pride, to deteriorate. We make the recommendations referred to in the strict exercise of our conscientious duty as the legally constituted guardians of this Hospital. If to any of them no response is made by the Legislature, our duty is done and the responsibility rests with that body.

During the year the Managers have made 111 visits to the institution, besides holding themselves ready to repair to the same in an emergency, whenever requested by the Medical Director or the Warden. Not a few of these visits have occupied the greater part of a day. There seems to be an impression among the people that the Managers are salaried officers of the State. Some suppose that they are paid by the year and others by the visit, and a severe criticism appeared in one of the public prints, based on this mistaken idea, that on that ground the term of service should be limited to three years for each manager, in order that "a good thing might be passed round." But, through the whole history of this institution and that at Trenton, no manager has ever received a dollar of compensation for the work and time he has given to the institution, nor are there any perquisites attending the officers except criticism and occasionally a bunch of flowers from the Hospital greenhouse.

Respectfully submitted,

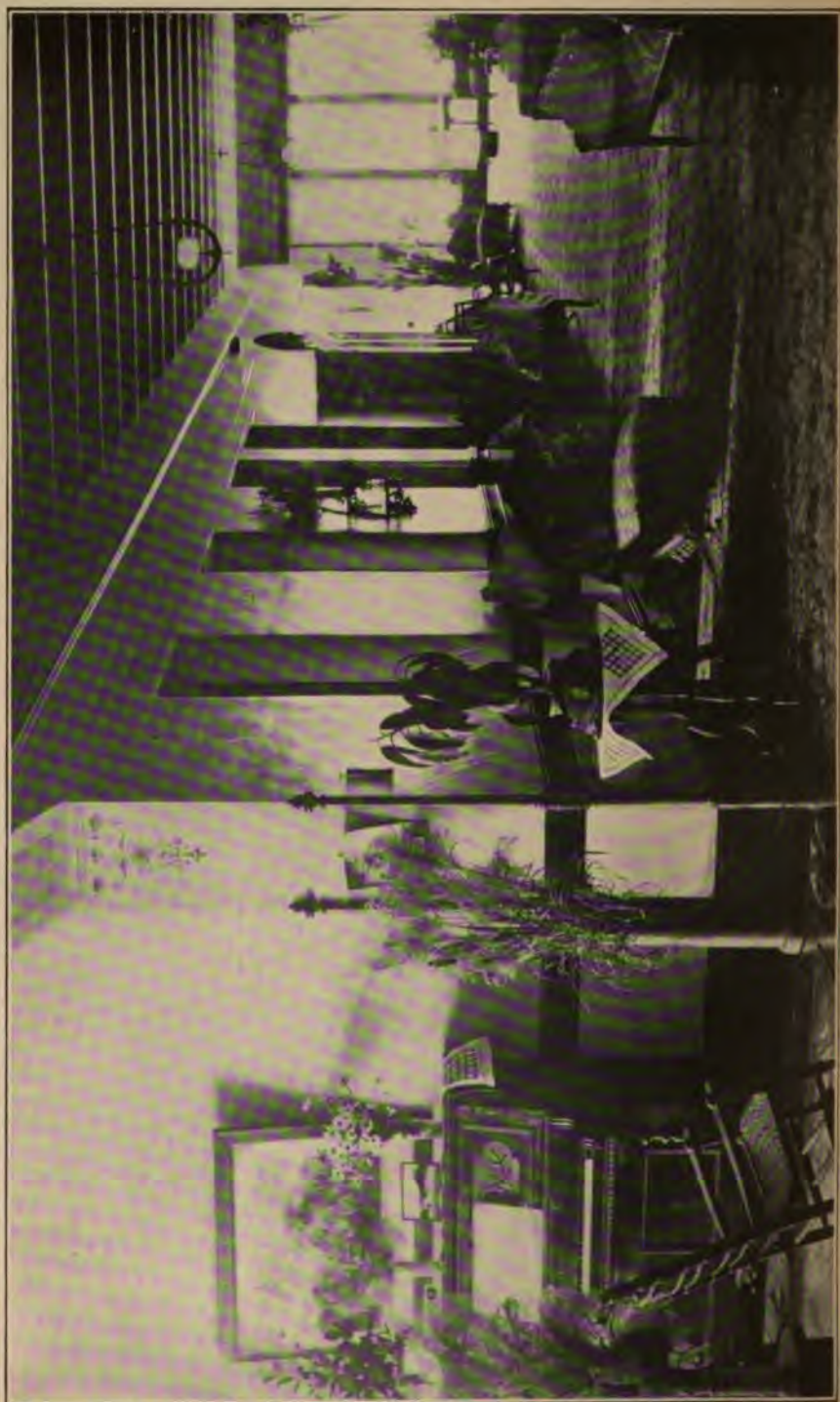
PATRICK FARRELLY,  
JOHN C. EISELE,  
JAMES M. BUCKLEY, D.D.,  
JOHN A. McBRIDE,  
DAVID ST. JOHN, M.D.,  
JAMES W. SMITH, M.D.,  
RICHARD A. McCURDY,  
JAMES G. MORGAN,

*Managers.*









A WARD FOR WOMEN

---

---

## REPORT OF THE MEDICAL DIRECTOR.

---

---

(15)



# Report of the Medical Director.

---

## *To the Board of Managers :*

GENTLEMEN:—I again have the honor of submitting to you the annual report of the Medical Department of the New Jersey State Hospital at Morris Plains. This report, covering the period between October 31st, 1902, and November 1st, 1903, is the twenty-eighth annual report of this institution.

The year closed with 1,505 patients in the Hospital ; 744 men and 761 women. The highest census for the year was reached on June 30th, 1903, when there were 1,547 patients in the house. The admissions averaged more than one a day, there being 367 admitted for treatment between October 31st, 1902, and November 1st, 1903.

A review of the statistics of the Hospital since its opening in August, 1876, shows that a greater number of patients were admitted during the hospital year covered by this report than in any year since the original transfers were made from the State Hospital at Trenton. The average number of yearly admissions in the last twenty years is 270 ; this year's admissions exceeds this twenty-year average by nearly 100.

The total number of patients under treatment during the year was 1,828, and the daily average was 1,507.

The percentage of recoveries, based upon the number of admissions, is 35½ per cent. A greater percentage of men was discharged as recovered than of women ; the difference, however, is small, the men showing a percentage of a fraction over 36 per cent. and the women a fraction over 35 per cent.

It is gratifying to note that our record of recoveries during the year is better than that of the preceding year, the preceding year showing only a 28 per cent. of recoveries.

Technically speaking, 323 patients were discharged from cus-

tody during the year, but in this number are included the deaths and escapes. There were 131 discharged as recovered; of these 69 were men and 62 were women; 34 were discharged as improved, 16 were men and 18 were women; 26 were discharged as unimproved; of these 20 were men and 6 were women. There were 3 escapes—all men. 129 died; of this number 68 were men and 61 were women.

The death rate, computed upon the total number under treatment during the year, is 7 per cent. The percentage of deaths among the men exceeded that of the women by two-thirds of 1 per cent.

Table XXI of the statistical appendix sets forth the causes of death of all patients who died during the year. There were 12 deaths due to tuberculosis, as against four in the preceding year.

Several patients were brought to the Hospital in a moribund condition; one man died in six hours after admission.

A further reference to this table shows that 18 deaths were due to general paresis, while in the previous year 21 deaths were attributed to that disease.

By reference to table XIX it will be seen that insane people, when well cared for, live to ripe old age. The table discloses the fact that about 40 per cent. of those who died were over 60 years of age, the same percentage as was shown by the records of last year.

The classification, according to legal commitment of those remaining in the Hospital October 31st, 1903, is as follows: Indigent, 1,249; private, 156; criminals, 33; convicts, 67, a total of 1,505, making a gain in population over last year of 44 patients.

The year closed with 52 more indigent patients than the closing census of the same class in the previous year, but with 10 less private patients, the same number of criminal and 2 more convicts. The cause for the decrease in private patients is found in the fact that Sailors' Snug Harbor removed to a New York hospital 19 private patients who were maintained at the expense of that institution. This removal was made eight days before the close of the Hospital year; but for this transfer our statistics would have shown a gain of 9 private patients.





A REAR VIEW OF THE MAIN BUILDING

It is a matter of gratification to be able to record a greater number of recoveries than has heretofore marked the history of this Hospital since its opening August, 1876. The highest number discharged as recovered in any previous year was in 1901, when the recoveries were 98. The recoveries for this year are 131, exceeding the previous high-water mark by 33. The highest ratio of recoveries for any previous year was for the same year, and was 31.5 per cent., while for the year covered by this report we are able to record a ratio of 35.7 per cent. of recoveries.

#### CONVICTS AND CRIMINALS.

For years I have in my annual reports called attention not only to the inadvisability of admitting the criminal and convict insane to our State Hospitals, but I have at length pointed out the pernicious effect their presence and vicious habits have upon patients not tainted with crime. I have endeavored to make plain the disorganizing influence they exert, and make clear the fact that an institution cannot be a well-organized Hospital and at the same time a successful annex to a State Prison.

To introduce into a Hospital for the insane regulations and discipline such as would apply to convicts transferred from State's Prison, makes it not a place for the sick, but a building for transgressors of the law—a place for the vilest of criminals. To admit criminals and not endeavor to prevent their escape suggests a lack of interest in the integrity of society and the welfare of the public.

I have in previous reports called attention to the fact that it is highly unjust to the so-called innocent insane that they should be brought in contact with the convicts and criminals. I have never yet seen a relative of a patient but who felt deeply hurt when acquainted with the fact that convicts and criminals are admitted to our State Hospitals. The disapproval of existing conditions should be corrected by legislation. It costs no more to maintain insane convicts and criminals in an institution properly constructed, equipped and organized for their detention, management and treatment than it does to keep them in our



State Hospitals, where they have a demoralizing and disorganizing influence upon all with whom they come in contact, and where they cannot be kept so as to prevent their escape. Other States long ago have come to a realization of this fact and wisely constructed separate institutions for their convict and criminal insane.

I heartily recommend that a bill providing for an appropriation to construct a building for the convict and criminal insane be drawn up and introduced into our coming State Legislature, so that the full responsibility of this matter may be placed upon the power which is capable of remedying it.

#### TRAINING SCHOOL FOR NURSES.

Since the organization of the Training School in 1894 the work has been faithfully kept going, until now its graduates number 114 in all ; 46 men and 68 women.

The results of this work from its very inception have been for the good of the patient, and that which promotes such interests demands our fullest support and encouragement.

Much time and labor are required in conducting a first-class school, but I am convinced that the officers of an institution for the insane can do it no better service than when they devote a good share of their time to the better equipment of its nurses for the onerous and important duties they have constantly to perform.

Our Training School has become a permanent part of our institutional work, and it seems difficult to understand how we were able to run the medical department even in a half-way satisfactory manner without it.

If I were called upon to say what is most important for the successful operation of an institution for the insane my answer would be "securing and keeping in it good, conscientious, kind-hearted and well-trained nurses." Any force, influence or action on the part of a commonwealth, the managers or local officers of a State Hospital which tends to give such institution better nurses is clearly in the promotion of its best interests and strictly in the.





A WARD FOR MEN

advancement of the welfare of its patients. Any influence which tends to reduce the grade of its nurses operates against the institution's paramount interests and attacks the foundation principles of its philanthropic existence.

The subjoined abstract of the annual announcement shows that every medical officer in the Hospital takes an active part in the instruction of the pupils of the school.

#### ANNOUNCEMENT.

The New Jersey State Hospital Training School for Nurses was established in 1894, for the purpose of giving practical instruction to those employed in the capacity of nurses, and thus enable them to become proficient in their calling, and render a more intelligent and satisfactory service to the Hospital.

The full course covers a period of two years, is obligatory, and consists of lectures, demonstrations, practical instruction in bedside nursing, the management of medical and surgical cases, the preparation of diet, the administration of food and medicine, the giving of the various baths and the methods of dealing with emergencies.

Members of the Senior Class will be detailed to serve in the infirmary wards in regular rotation for two weeks at a time.

On the completion of the prescribed course a written examination will be held, and those of the Senior Class obtaining a general average of 75 per cent. or better will be granted diplomas.

The Junior Class will also be subjected to a written examination at the end of the first year, and those obtaining a general average of 70 per cent. will be advanced to the Senior Class.

Any pupil nurse not receiving a general average of 50 per cent. will be dropped from the employ of the Hospital.

## LECTURE SCHEDULE.

*Junior Class.*

1903.

November	3—Dr. Evans.	Ethics of Nursing.
November	5—Dr. Mallon.	Symptomatology.
November	10—Dr. Cossitt.	Practice of Medicine.
November	13—Dr. Beling.	Physiology.
November	17—Dr. Baker.	Artificial feeding.
November	19—Dr. Garrison.	Physics.
November	24—Dr. Horsford.	Anatomy.
November	27—Dr. Evans.	Insanity.
December	1—Dr. Mallon.	Symptomatology.
December	4—Dr. Cossitt.	Fevers.
December	8—Dr. Beling.	Physiology.
December	10—Dr. Baker.	Hygiene.
December	15—Dr. Garrison.	Chemistry.
December	17—Dr. Horsford.	Anatomy.
December	22—Dr. Evans.	Insanity.

1904.

January	5—Dr. Mallon.	Materia Medica.
January	8—Dr. Cossitt.	Eruptive Fever.
January	12—Dr. Beling.	Physiology.
January	14—Dr. Baker.	Hygiene.
January	19—Dr. Garrison.	Chemistry.
January	21—Dr. Horsford.	Anatomy.
January	26—Dr. Evans.	Insanity.
January	28—Dr. Mallon.	Materia Medica.
February	2—Dr. Cossitt.	Diseases of the Respiratory System.
February	5—Dr. Beling.	Physiology.
February	9—Dr. Baker.	Hydrotherapy.
February	11—Dr. Garrison.	Urinalysis.
February	16—Dr. Horsford.	Anatomy.
February	18—Dr. Evans.	Insanity.
February	23—Dr. Mallon.	Therapeutics.
February	25—Dr. Cossitt.	Diseases of the Digestive System.
March	1—Dr. Beling.	Physiology.
March	4—Dr. Baker.	Gynæcology.
March	8—Dr. Garrison.	Urinalysis.
March	10—Dr. Horsford.	Anatomy.
March	15—Dr. Evans.	Quiz.
March	17—Dr. Mallon.	Genito-Urinary.
March	22—Dr. Cossitt.	Quiz.
March	24—Dr. Beling.	Quiz.
March	29—Dr. Baker.	Quiz.
March	31—Dr. Horsford.	Quiz.
April	5—Dr. Cossitt.	Quiz.
April	8—Dr. Evans.	Quiz.
April	12—Dr. Mallon.	Quiz.

## 1904.

April	14—Dr. Garrison.	Quiz.
April	19—Dr. Baker.	Quiz.
April	21—Dr. Beling.	Quiz.
April	26—Dr. Mallon.	Quiz.
April	28—Dr. Horsford.	Quiz.
May	3—Dr. Evans.	Examination.
May	6—Dr. Mallon.	Examination.
May	10—Dr. Cossitt.	Examination.
May	12—Dr. Beling.	Examination.
May	17—Dr. Baker.	Examination.
May	19—Dr. Garrison.	Examination.
May	24—Dr. Horsford.	Examination.

## LECTURE SCHEDULE.

*Senior Class.*

## 1903.

November	3—Dr. Evans.	Ethics of Nursing.
November	5—Dr. Mallon.	Symptomatology.
November	10—Dr. Cossitt.	Diseases of Digestive System.
November	13—Dr. Beling.	Dietetics.
November	17—Dr. Baker.	Artificial Feeding.
November	19—Dr. Garrison.	Pathology.
November	24—Dr. Horsford	Inflammation, Asepsis, Antisepsis.
November	27—Dr. Evans.	Insanity.
December	1—Dr. Mallon.	Symptomatology.
December	4—Dr. Cossitt.	Diseases of the Circulatory System.
December	8—Dr. Beling.	Food in Health.
December	10—Dr. Baker.	Hygiene.
December	15—Dr. Garrison.	Pathology.
December	17—Dr. Horsford.	Surgical Fevers; Wounds.
December	22—Dr. Evans.	Insanity.

## 1904.

January	5—Dr. Mallon.	Materia Medica.
January	8—Dr. Cossitt.	Diseases of the Respiratory System.
January	12—Dr. Beling.	Food in Disease.
January	14—Dr. Baker.	Hygiene.
January	19—Dr. Garrison.	Bacteriology.
January	21—Dr. Horsford.	Fractures, Dislocations.
January	26—Dr. Evans.	Insanity.
January	28—Dr. Mallon.	Materia Medica.
February	2—Dr. Cossitt.	Infectious Diseases.
February	5—Dr. Beling.	Quiz.
February	9—Dr. Baker.	Hydrotherapy.
February	11—Dr. Garrison.	Toxicology.
February	16—Dr. Horsford.	Preparation for Operations.
February	18—Dr. Evans.	Insanity.
February	23—Dr. Mallon.	Therapeutics.
February	25—Dr. Cossitt.	Infectious Diseases.

## 1904.

March	1—Dr. Beling.	Quiz.
March	4—Dr. Baker.	Obstetrics.
March	8—Dr. Garrison.	Toxicology.
March	10—Dr. Horsford.	Minor Surgery. Emergencies.
March	15—Dr. Evans.	Quiz.
March	17—Dr. Mallon.	Quiz.
March	22—Dr. Cossitt.	Constitutional and Nervous Diseases.
March	24—Dr. Baker.	Diseases of Women.
March	29—Dr. Garrison.	Quiz.
March	31—Dr. Horsford.	Quiz.
April	5—Dr. Cossitt.	Quiz.
April	8—Dr. Evans.	Quiz.
April	12—Dr. Mallon.	Quiz.
April	14—Dr. Cossitt.	Quiz.
April	19—Dr. Baker.	Quiz.
April	21—Dr. Garrison.	Quiz.
April	26—Dr. Horsford.	Quiz.
April	28—Dr. Baker.	Quiz.
May	3—Dr. Evans.	Examination.
May	6—Dr. Mallon.	Examination.
May	10—Dr. Cossitt.	Examination.
May	12—Dr. Beling.	Examination.
May	17—Dr. Baker.	Examination.
May	19—Dr. Garrison.	Examination.
May	24—Dr. Horsford.	Examination.

## JUNE 22, 1904, COMMENCEMENT.

## GENERAL OUTLINE OF LECTURES.

*Junior Class.*

## DR. BRITTON D. EVANS.

## 1903-04.

November	3—The Ethics of Nursing.
November	27—Classification of Mental Diseases.
December	22—The Management of Acute Insanity.
January	26—Relation of Age and Occupation to Mental Diseases.
February	18—Nursing and Ward Work.

## DR. PETER S. MALLON.

November	5—Classification of Symptoms of Disease
December	1—Pulse, Temperature, Respiration, Sensory and Motor Disturbances.
January	5—Forms and Methods of Administering Medicine.
January	28—Systemic Remedies.
February	23—Therapeutics.
March	17—Genito-Urinary.

## DR. HARRY A. COSSITT.

1903-04.

- November 10—The Practice of Medicine.  
December 4—Fevers.  
January 8—Eruptive Fevers  
February 2—Diseases of the Respiratory System.  
February 25—Diseases of the Digestive System.

## DR. CHRISTOPHER C. BELING.

- November 13—General Composition of the Human Body.  
December 8—The Mechanism and Functions of the Respiratory Organs.  
January 12—Heart, Blood and Circulatory System.  
February 5—Brain, Spinal Cord and Nerves.  
March 1—Digestion, Assimilation, Secretion and Excretion.

## DR. RAYMOND D. BAKER.

- November 17—Artificial or Forced Feeding.  
December 10—Air, Water and Ventilation.  
January 14—Personal and Ward Hygiene.  
February 9—Hydrotherapy.  
March 4—The Reproductive Organs. Pregnancy.

## DR. W. MILES GARRISON.

- November 19—States of Matter and Laws Governing Them.  
December 15—Mechanical Mixtures and Chemical Compounds.  
January 19—Oxygen, Hydrogen, Chlorine and Nitrogen.  
February 11—Constituents of Normal Urine. Tests.  
March 8—Tests for Abnormal Constituents.  
March 31—Tests for Poisons.

## DR. FREDERICK C. HORSFORD.

- November 24—Bones, Joints, Muscles, Fasciæ and Skin.  
December 17—Thoracic Viscera.  
January 21—Abdominal Viscera.  
February 16—Arteries, Veins and Lymphatics.  
March 10—Brain, Nervous System, Organs of Special Sense.



## GENERAL OUTLINE OF LECTURES.

*Senior Class.*

DR. BRITTON D. EVANS.

1903-04.

- November 3—Ethics of Nursing.  
November 27—Classification of Mental Diseases.  
December 22—The Management of Acute Insanity.  
January 26—Relation of Age and Occupation of Mental Disease.  
February 18—Nursing and Ward Work.

DR. PETER S. MALLON.

- November 5—Classification of Symptoms.  
December 1—General Appearance, Inflammation, Pain.  
January 5—Systemic and Local Remedies.  
January 23—Emetics, Cathartics, Diuretics, Expectorants.  
February 17—Demulcents, Emollients, Protectives, Digestants.

DR. HARRY A. COSSITT.

- November 10—Diseases of the Digestive System and Kidneys.  
December 4—Diseases of the Circulatory System.  
January 8—Diseases of the Respiratory System.  
February 2—Fever, Typhoid Fever, Malarial Fevers.  
February 25—Rubeola, Variola, Varicella, Scarletina, Diphtheria.  
March 22—Constitutional, Nervous and Children's Diseases.

DR. CHRISTOPHER C. BELING.

- November 13—Food and Food Preparations.  
December 8—Food in Health.  
January 12—Food in Disease.

DR. RAYMOND D. BAKER.

- November 17—Methods and Materials for Feeding.  
December 10—General Hygienic Considerations.  
January 14—The Prevention of Disease.  
February 9—Hydrotherapy.  
March 4—Parturition, Obstetrical Nursing.  
March 24—Diseases of Women.

## DR. W. MILES GARRISON.

1903-04.

- November 19—Inflammation; Causes and Effect.
- December 15—Forms of Inflammation; Methods of Repair.
- January 19—The More Common Forms of Micro-Organisms.
- February 11—Poisons and Their Antidotes.
- March 8—Poisons and Their Antidotes.

## DR. FREDERICK C. HORSFORD.

- November 24—Inflammation, Asepsis, Antisepsis.
- December 17—Surgical Fevers, Contusions, Wounds.
- January 21—Fractures, Dislocations, New Growths.
- February 16—Sterilization, Anæsthesia, Preparation for Operation.
- March 10—Minor and Major Surgery, Emergencies.

## SPECIAL WARD WORK.

## 2-2, SOUTH.

- Miss Evalina Amon ..... November 5th to November 18th, 1903.
- Miss Linnie Beckner..... November 18th to December 2d, 1903.
- Miss Alvina Buntele ..... December 2d to December 16th, 1903.
- Mrs. Julia Cotton ..... December 16th to December 30th, 1903.
- Miss Madge Coughlin..... December 30th, 1903, to January 13th, 1904.
- Miss Roska Kitch ..... January 13th to January 27th, 1904.
- Miss Julia London..... January 27th to February 10th, 1904.
- Miss Helen McLean..... February 10th to February 24th, 1904.
- Miss Kate Marshall ..... February 24th to March 10th, 1904.
- Miss Elizabeth Pflaum ..... March 10th to March 24th, 1904.
- Miss Elizabeth Shortall..... March 24th to April 7th, 1904.
- Miss Florence Steele... ..... April 7th to April 21st, 1904.
- Miss Catherine B. Walsh..... April 21st to May 7th, 1904.
- Miss Nellie Walsh..... May 7th to May 21st, 1904.
- Miss Emma Woods..... May 21st to June 5th, 1904
- Miss Annie Shanahan..... June 5th to June 19th, 1904.

## 2-2, NORTH.

- Furmen D Beckner ..... November 5th to November 18th, 1903.
- H. Thorp Potts ..... November 18th to December 2d, 1903.
- Alvin Sawyer..... December 2d to December 16th, 1903.

During the term Miss Mary R. Keegan, Miss Phæbe J. Northwood and Miss Margaret Barrett will give practical instruction in

Bandaging, Massage and the keeping of Temperature and other Charts, Female Department.

Mr. Henry Cook and Mr. William McPhilamy will instruct in the same subjects in the Male Department.

#### TEXT-BOOKS.

Members of both classes are requested to provide themselves with the necessary books before the session beginning November 3d, 1903, and the text-books used may be selected from the following list:

##### *First Year.*

Anatomy and Physiology for Nurses.....	Diana C. Kimber.
Manual for Nursing.....	Humphry.
Essentials of Hygiene.....	Canfield.
Accidents and Emergencies .....	Dulles.
Outlines of Obstetrics.....	Jewett.
Fever Nursing.....	Wilson.
12,000 Medical Words.....	Gould.

##### *Second Year.*

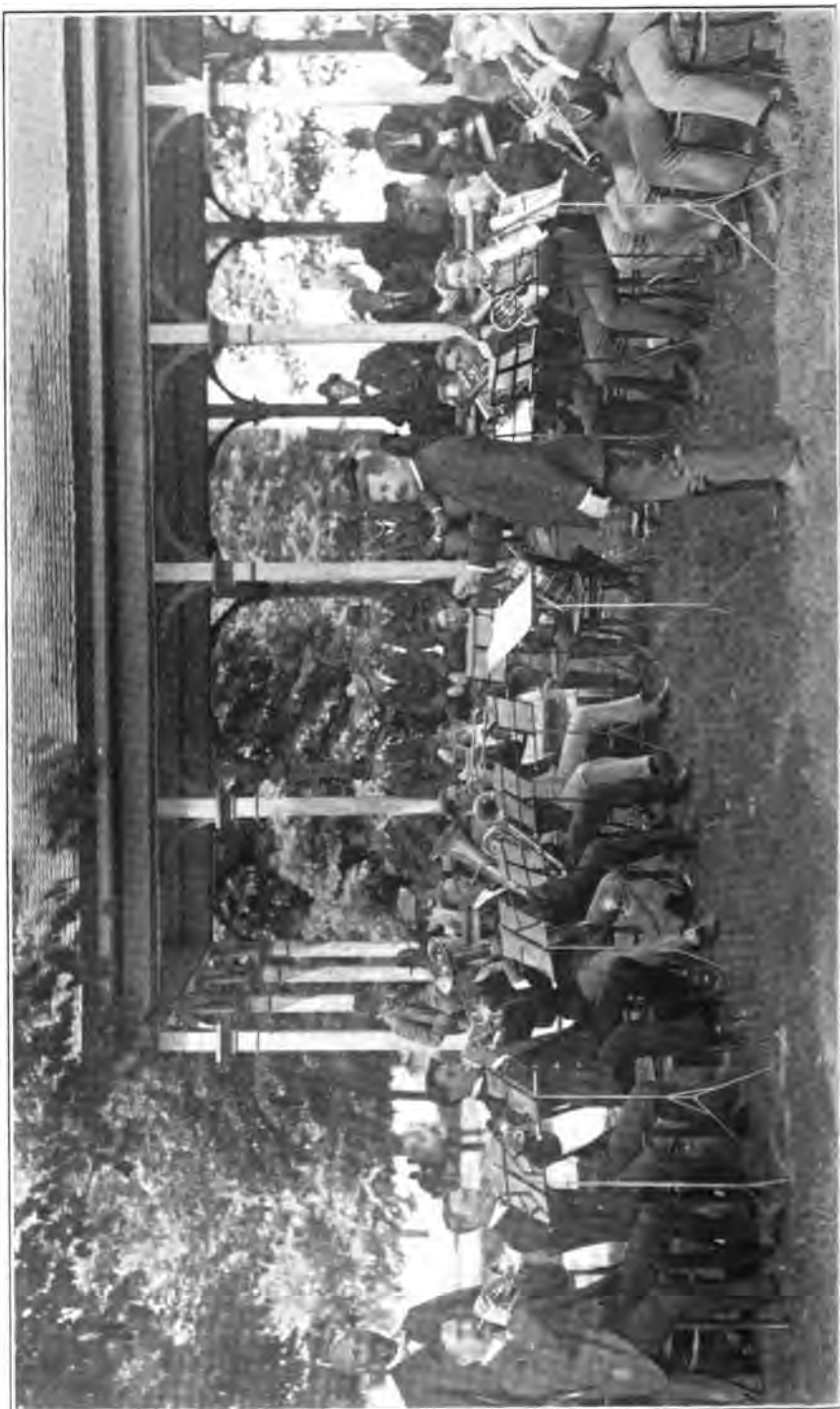
Text-Book on Nursing.....	Peter M. Wise.
Physiology and Hygiene.....	Brown.
General Nursing .....	Weeks.
Sickness and Accidents .....	Curran.
Treatment and Care of the Nervous and Insane.....	Mills.
Massage.....	Ostrom.
Primer of Psychology.....	Burr.
Surgical Nursing and Bandaging .....	Voswinkle.
How to Cook for Sick and Convalescent.....	Sachs.
Nursing Ethics .....	Robb.
Bandaging .....	Davis.

Lectures will be delivered to the Junior Class at 2 p. m., and the Senior Class at 6:30 p. m., on Tuesdays and Thursdays, throughout the session, except the first Thursday of each month. Lectures falling on that day will be given the following day, Friday.

The class will meet for instruction in Bandaging, Massage and Laboratory Work at such times as the instructors may designate.



BAND CONCERT



## AMUSEMENTS.

There has been during the year no relaxation in our efforts to supply judicious amusement and entertainment for such patients as were capable of taking part in them or enjoying them. This means of helping persons deranged of mind is so well known and so fully appreciated that no extensive comment in support of it is necessary, even in a report which is largely read by persons not versed in medicine or the special care of insane persons. Any means which serve to lead an insane and deluded person away from his worry of mind and induce him to think of matters not irritating in character is both helpful and healthful. Active participation in games, plays and athletics is usually attended with more gratifying results than being simply an interested spectator, but both are in a high degree beneficial and indispensable in the treatment of the insane.

The chief forms of outdoor amusement provided were golf, base-ball, lawn-tennis and foot-ball; the indoor amusements were weekly dances, theatricals, bowling, pool, card parties, musicales, chess, draughts and dominoes.

Two of the most interesting theatrical performances of the year were gotten up and composed by home talent. One of our patients, who has had many years of experience on the stage, selected from the nurses and patients characters for a very interesting and highly-amusing farce-comedy. Mr. John Watts, a nurse, wrote a comedy entitled "A Trial by Jury," and the *dramatis personæ* were patients and nurses of this Hospital. The play was in every sense a success, and was all the more interesting because of the fact that the audience had a personal acquaintance with all who were taking part in the performance.

With the additional facilities afforded by the equipment of the stage at the new building, the coming year promises much to our patients who take pleasure in theatricals.

## INDIGENT INEBRIATES.

In 1881 the Legislature of New Jersey passed an act to amend and supplement "An act relative to habitual drunkards." This law has stood the test for more than twenty years, and has proven to be a wise one, operating in the protection of society and fostering most important interests of the citizen.

This act provides that it shall be lawful for the Court of Chancery to issue a commission in the nature of a writ "*de lunatico inquirendo*," to inquire into the habitual drunkenness of any person, and that any person found to be an habitual drunkard under such writ of inquiry shall, by order of the Court of Chancery, have a guardian appointed to control his person and estate, and that it shall be lawful for the chancellor, on application of the guardian of such habitual drunkard, to make such order for the safe keeping of such habitual drunkard, and as he may deem necessary with a view to his reformation, and from time to time alter or modify the same. The act provides that the chancellor may issue an order for the commitment of such habitual drunkard to one of the State institutions for the insane, or to any asylum or retreat.

This law has been a blessing to the State of New Jersey, but it is deficient in that it only contemplates the commitment of persons who possess sufficient means to maintain them in a hospital or retreat. This leaves no provision for the State care of indigent habitual drunkards, and for that reason the highest order of true charity is omitted from the law. There are many homes made desolate by persons who have not sufficient money or property to maintain them in an institution; many crimes are committed by drunkards of no means which could be prevented by timely restraint and judicious treatment.

The integrity and safety of society is as much endangered by a poor drunkard as by a wealthy one.

It is clear that the law should be so amended that indigent habitual drunkards, who are a menace to society, whose repeated drunken debauches point to criminality and whose dealings with their families and neighbors are characterized by brutality and

indecent should be, in the interests of the public at large and humanity, subject to the same form of writ as persons who possess means, and they should be placed under restraint and treatment at the expense of the State or the county in which they have residence. Such a law would save thousands of humble homes and lessen the number of the State's dependents. Too many homes are wrecked by the drunken habits of one member of the family, who takes from other members that which they have earned and deprives his children of an opportunity to acquire such an education as would render them self-supporting. They are debased socially by precepts born of an uncontrolled appetite for alcohol. The impress of his habits tends to qualify them for lives of pauperism and crime.

The restraining and reforming influence of the law should be brought to the rescue of such families. The knowledge that statutory regulations are available and will be enforced will have a bracing effect on any who are weak of will and strong of alcoholic appetite.

I recommend an amendment to the act above referred to because it would be highly philanthropic legislation. It would lessen crime, decrease the number of the State's dependents, keep intact many such homes as are now daily being wrecked ; it would promote morality and protect law-abiding citizens against the indecent and criminal acts of a large number of habitual drunkards, and would have a reforming and curative effect upon the inebriates themselves. Such a law can only be productive of good and influential for the promotion of the public's best interests.

#### PATHOLOGICAL LABORATORY.

The work done in the pathological laboratory during the past year is largely set forth in the report of Dr. H. A. Cossitt, the resident pathologist.

Heretofore our laboratory work has been greatly hampered by insufficient appointments and a lack of scientific equipments, but the fitting up of the commodious and well-lighted rooms at the new building and the acquisition of the new instruments



and scientific appliances, through a recent appropriation from the Legislature, gives us increased facilities such as this Hospital has never before commanded. With the fitting up of the room for micro-photographic work, the laboratory will be in first-class condition, and we may look forward to the coming year to place this important adjunct to the institution's work upon a higher plane than it has ever reached.

The laboratory has not been simply a place for examining specimens taken from dead bodies at autopsies for the purpose of studying post-mortem phenomena. The urine of every patient admitted is sent there for a careful chemical and microscopical examination; the blood of all patients in whom there are symptoms which we think may be made clearer by laboratory examination and research, is sent there for analysis. Swabs from sore throats suggesting diphtheria are promptly submitted, and cultures made in all diseases in which a bacteriological investigation may aid in diagnosis or treatment.

The work of this department is carefully written up, and all investigations and discoveries thus become a part of the permanent records of the institution.

#### A BUILDING FOR NURSES.

I feel it my duty to call attention in this official report to the urgent need of the Hospital for a building for nurses. It is evident to anyone who may give the subject of the care of the insane serious thought that no greater service can be rendered to the patient than may be done by supplying the Hospital with a corps of efficient, conscientious and reliable nurses. It is also equally important that when the services of such persons are procured conditions be provided calculated to retain them.

With our present limited facilities, our nurses and attendants are forced to sleep in the wards occupied night and day by the patients; this deprives them of any semblance of home life.

There is probably no class of work attended with more trying conditions than that of nursing the insane. Only a small percentage of those being nursed and cared for seem capable of appreciating the attentions they receive, and they rarely show

gratitude, but because of their mental derangement, heap abuse upon their nurses for detaining and persecuting them. The nurse must return kind words for abuse, and when violently attacked must be calm and display a spirit of humanity. When spat upon and called the harshest names it must be borne with evenness of temper. The helpless, the soilers, the stubborn and resistive must be washed, fed and cared for even as a mother cares for her babe. Not every man or woman who applies for the position of nurse to the insane possesses either the qualities of character or educational qualifications to perform well the duties of the post.

Not only is the work difficult, but the hours are long—usually from 6 A. M. to 9 P. M. No large institution for the insane can be successfully managed with an inefficient and unreliable corps of nurses, but in order to command the services of men and women qualified by temperament, industry, education and kindness of heart, a keen interest must be exhibited in their welfare and comfort.

The faithful discharge of duty of the employes should receive due recognition from the employer.

The State of New Jersey should have in her hospitals for the insane only kind-hearted, intelligent and faithful nurses, and in turn should provide for them home-like comforts and surroundings. Give them a building where they may sleep away from the strain, noises and disturbances which characterize their daily duty. Provide them apartments where they may have an opportunity to spend off-duty hours in reading, studying and legitimate recreation. In this way the services of a uniformly high grade of nurses and attendants may be commanded. They will appreciate the recognition they receive, and will strive to retain their positions and make nursing their life-work; they will find among themselves sufficient home life to attract them and not look forward constantly, when off duty, to going to adjoining towns to find recreation and associations which not infrequently leads to conduct calling for dismissal. Faithful and reliable nurses are worthy of such comforts as may be consistently given in a properly-constructed and well-regulated home set apart for their use when not on active duty.

## CHAPEL SERVICES.

The following clergymen conducted religious services in the chapel according to the schedule, and to them or their successors a similar schedule will be sent, so that the religious services will be provided for officially :

Rev. Dr. Albert Erdman, Presbyterian, Morristown.

Rev. Dr. Jesse L. Hurlbut, Methodist, Morristown.

Rev. Dr. William H. Hughes, Episcopalian, Morristown.

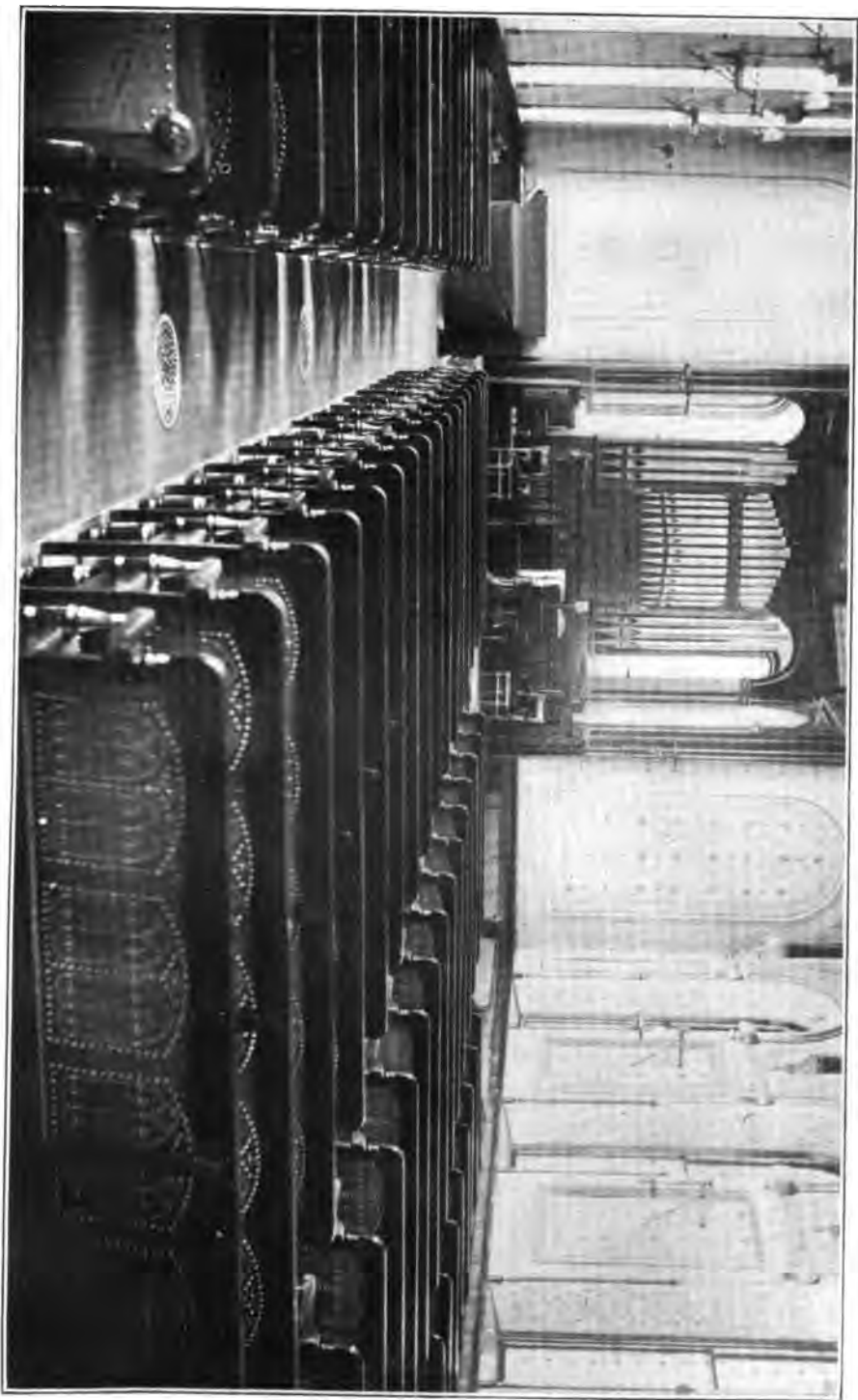
Rev. Father James T. Brown, Roman Catholic, Morris Plains.

Rev. S. Z. Batten, Baptist, Morristown.

The following is the schedule for the coming year :

## SCHEDULE FOR CHAPEL SERVICES, 1903 AND 1904.

1903.		1904.	
November	1.....Presbyterian.	May	1.....Roman Catholic.
"	8.....Roman Catholic.	"	8.....Methodist.
"	15..... Methodist.	"	15.....Baptist.
"	22.....Baptist.	"	22.....Episcopal.
"	29.....Episcopal.	"	29.....Presbyterian.
December	6.....Presbyterian.	June	5.....Roman Catholic.
"	13.....Roman Catholic.	"	12.....Methodist.
"	20.....Methodist.	"	19 ....Baptist.
"	27.....Baptist.	"	26 ... Episcopal.
1904.			
January	3.....Episcopal.	July	3.....Presbyterian.
"	10.....Presbyterian.	"	10..... Roman Catholic.
"	17.....Roman Catholic.	"	17..... Methodist.
"	24.....Methodist.	"	24 .... Baptist.
"	31.....Baptist.	"	31.....Episcopal.
February	7.....Episcopal.	August	7.....Presbyterian.
"	14 ....Presbyterian.	"	14.....Roman Catholic.
"	21.....Roman Catholic.	"	21..... Methodist.
"	28.....Methodist.	"	28.....Baptist.
March	6.....Baptist.	September	4.....Episcopal.
"	13.....Episcopal.	"	11.....Presbyterian.
"	20.....Presbyterian.	"	18.....Roman Catholic.
"	27.....Roman Catholic.	"	25.....Methodist.
April	3.....Methodist.	October	2.....Baptist.
"	10.....Baptist.	"	9.....Episcopal.
"	17.....Episcopal.	"	16.....Presbyterian.
"	24.....Presbyterian.	"	23.....Roman Catholic.
		"	30.....Methodist.



CHAPEL, SHOWING NEW PIPE ORGAN



"Each clergyman has an equal representation and is responsible for the services on the date set apart for him. If, for any reason, he is unable to attend, it is understood that he will provide a substitute, with whom he is to arrange, so that the accounts of the Hospital can be kept with the clergyman responsible for the date, not with the substitute."

Adopted by the Board of Managers at a regular meeting, September 1st, 1896.

#### APPROPRIATIONS BY THE LAST LEGISLATURE.

The special appropriation for the Medical Department proper, made by the Legislature at its last session, amounted to \$6,000 ; and the act specified that this appropriation should be used as follows : Scenery for stage, \$1,000 ; pool tables, \$700 ; bowling alleys, \$1,200 ; seats for the amusement hall, \$1,000 ; laboratory equipment, \$2,100.

The contracts were given out with strict observance of the specifications of the act making the appropriation, and it is gratifying to record that the execution of the work and the character of the supplies received under these contracts are eminently satisfactory.

Our new amusement hall, by the putting in of neat folding seats and the equipping of the stage with beautiful scenery, has been transformed into a modern and attractive assembly-room. It needs but a concert piano to make its equipment complete.

The bowling alleys are first class in every particular and have, from the time of their completion, proven to be a source of much pleasure and useful exercise to our patients. When the weather is bad the clubs organized by patients and nurses go to the alleys and there find interesting and invigorating exercise.

The pool tables have been placed in the large rooms on the wards, known as ward parlors. They are much appreciated by the patients, and many evenings, which would without them have been dull and dreary, have been made cheerful to those patients who have access to them.

The part of the appropriation set apart for supplying the

pathological laboratory with necessary scientific apparatus has left that department no excuse for doing anything but a high order of scientific work.

I am of the opinion that no special appropriation of the same proportion has done more good for the comfort of the patients, and the promotion of their general well-being, than the \$6,000 above referred to in detail.

#### PATIENTS' WORK, ETC.

To fail to utilize the labor of the patients in work in the various industrial departments as well as on the wards would mean to increase the running expenses of a hospital two-fold. To judiciously employ those patients who are physically able to work means to reduce the institution's running expenses and at the same time benefit both mentally and physically those so employed.

Patients when properly employed are not only benefited by the concentration of mind required upon their part for the execution of the work assigned them and the consequent diversion from their morbid ideas and irritating delusions, but healthful exercise acts as a hypnotic, and the day of grateful occupation is followed by a night of refreshing and health-giving sleep, and when those who when wakeful are noisy, destructive and agitated may be induced to sleep by giving them suitable employment during the day, the good results are at once apparent and manifold, for in reducing noise the comfort of all who are seeking rest and sleep is promoted and in reducing destructive tendencies the principles of economical administration are being supported.

To obtain the best results from the employment of patients the first and most important consideration must be given to the welfare and comfort of those employed. To assign a large number of patients to a given piece of work, without studying carefully the adaptability of each to the character of work he is to do, is giving precedence to the commercial aspect of the proposition and losing sight of the paramount principles involved. There are many patients who would be benefited by work who would



PATIENTS GRADING AT DORMITORY BUILDING





object to such employment as grading, farm work, hoeing vegetables or working in the laundry or stables, and it is evident that to insist upon a person doing that which is repugnant would not tend to quiet excited conditions or give rest to an agitated mind. Employment which humiliates does not soothe. The correct manner of procedure is to get the patient interested in the work and convince him it is for his good. To do this, he must be engaged in a class of work somewhat in keeping with his tastes and inclinations when in health.

For a large institution for the insane to meet the requirements of this important proposition, it must be provided with a variety of forms of semi-professional occupation; such as a good job printing outfit, a book-bindery, shops for manufacturing on a small scale articles in daily use in the house, such as brushes, combs, brooms, etc. Along these lines a classification in employment may be preserved as well as classification as to grouping upon the wards, and give most gratifying results in the matter of the treatment of the mental disturbances of those so employed.

I heartily recommend the establishment at this institution of additional industries along the lines above suggested.

I append two tables showing the number of days' work done by patients in this Hospital during the year covered by this report. By reference to these tables it will be found that in all the departments and on the wards 209,509 days' work is accredited to patients; this, at an average of 50 cents per day, would amount to \$104,754.50, which shows it to be an item of considerable importance.

TABLE I.

**Number of Days' Work Done by Patients in the Industrial Department.**

DATE.	LAUNDRY.			Kitchen.	Farm and grounds.	Bakery.	Shops.	Sew'ng-room.	Total.
	Men.	Women.	Total.						
<b>1902.</b>									
November .....	337	612	949	334	1,060	81	328	1,364	4,116
December .....	392	603	995	383	922	93	308	1,136	3,837
<b>1903.</b>									
January .....	404	594	998	369	919	105	288	1,047	3,726
February .....	338	499	837	325	830	111	336	1,000	3,439
March .....	330	558	938	369	1,004	120	336	1,048	3,815
April .....	375	640	1,015	330	1,270	92	322	1,137	4,166
May .....	375	592	967	319	1,408	90	435	1,045	4,264
June .....	368	588	956	316	1,520	108	617	1,083	4,600
July .....	391	627	1,018	333	1,632	103	662	1,128	4,876
August .....	399	578	977	300	1,456	99	663	1,121	4,616
September .....	336	460	796	248	1,420	112	534	1,058	4,168
October .....	390	478	868	302	1,297	74	462	1,138	4,141
<b>Total .....</b>	<b>4,485</b>	<b>6,829</b>	<b>11,314</b>	<b>3,928</b>	<b>14,738</b>	<b>1,188</b>	<b>5,291</b>	<b>13,305</b>	<b>49,764</b>

TABLE II.

**Number of Days' Work Done by Patients on the Wards.**

Date.	Men.	Women.	Total.
<b>1902.</b>			
November .....	6,015	5,915	11,930
December .....	6,040	6,057	12,097
<b>1903.</b>			
January .....	7,238	7,265	14,503
February .....	6,527	5,762	12,289
March .....	7,097	6,448	13,545
April .....	6,873	6,889	13,762
May .....	6,954	7,219	14,173
June .....	6,973	6,946	13,919
July .....	7,148	7,379	14,527
August .....	7,050	5,510	12,560
September .....	6,818	6,780	13,598
October .....	6,927	5,915	12,842
<b>Total .....</b>	<b>81,660</b>	<b>78,085</b>	<b>159,745</b>

## REVISION OF CASE RECORDS.

The case-book system now in use at this Hospital for the purpose of keeping records of patients is both a cumbersome and antiquated one. It answered the purpose in the day of its initiation, but the requirements of the institution have long since outgrown it. It, in addition to being unwieldy and out of date, is expensive. The envelope or pocket system, in conjunction with card indexes, should supersede it. This would simplify our records, be more easily kept and less expensive both as to material and necessary labor. Case records not setting forth in detail all matters of importance relating to the history of the patients, their symptomatology, treatment, the manner of their commitment, duration of their mental disease, nativity, residence, hereditary taint, civil condition, physical and mental peculiarities, diagnosis and classification, etc., etc., would be of little value. The records of 6,796 cases are already written up in these large case-books, and in their present form they have outgrown the space formerly allotted to them and are taking up all available space of a readily accessible location. A fire in the medical offices would endanger, and likely destroy, these important records and they could not be reproduced.

I recommend that the pocket or envelope system be introduced and a room be fitted up with fire-proof compartments for filing these records along with the court records of commitments. This would entail in all an expense of \$3,000.

## CONCLUSION.

There have been no resignations or appointments upon the Medical Staff during the year.

I beg, in concluding my report, to express my appreciation of the good services rendered by my assistants and for the devotion they have exhibited to the important work I have assigned them and the loyalty they have manifested to the general welfare of the Hospital and to me as Chief of Staff.

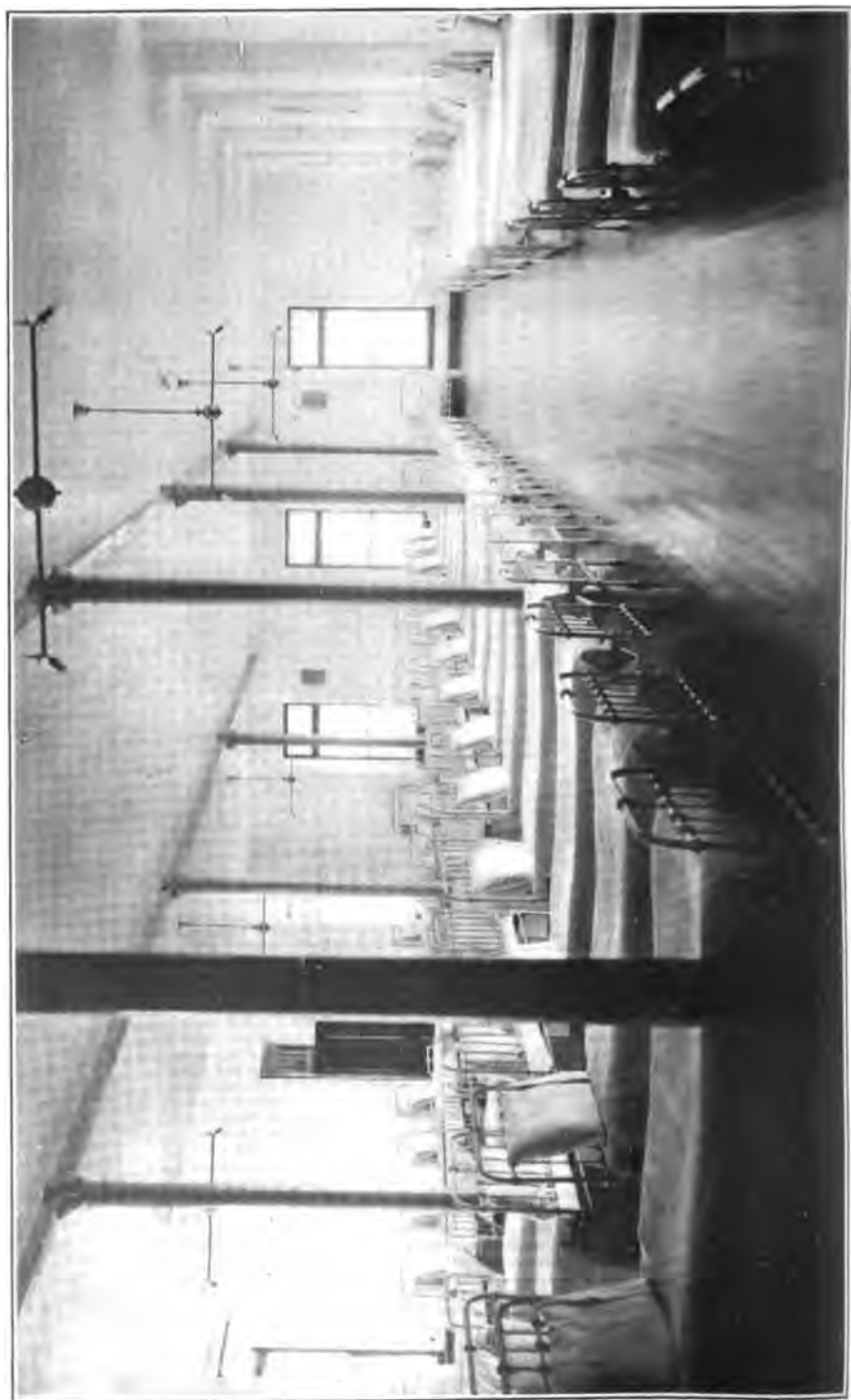
Respectfully submitted,

BRITTON D. EVANS,  
*Medical Director.*

October 31st, 1903.







ONE OF THE LARGE DORMITORIES IN THE NEW BUILDING

---

---

**STATISTICAL APPENDIX TO THE MEDICAL  
DIRECTOR'S REPORT.**

---

---

(41)





# STATISTICAL APPENDIX TO THE MEDICAL DIRECTOR'S REPORT.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR  
ENDING OCTOBER 31st, 1903.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
In the Hospital October 31st, 1902.....				729	732	1,461
Patients admitted—						
First admissions.....	166	160	326			
Re-admissions .....	25	16	41			
Total .....				191	176	367
Total number of patients under treatment during the year.....				920	908	1,828
Patients discharged—						
Recovered.....	69	62	131			
Improved .....	16	18	34			
Unimproved .....	20	6	26			
Died .....	68	61	129			
Eloped .....	3	.....	3			
Total .....				176	147	323
Remaining in the Hospital. ....				744	761	1,505
Of this number there are, Public. ....	671	678	1,349			
Private .....	73	83	156			
Total .....				744	761	1,505
Whole number admitted from August 17th, 1876, to October 31st, 1903.....				3,529	3,267	6,796
Whole number discharged during same period of time—						
Recovered .....	801	780	1,581			
Improved .....	535	560	1,095			
Unimproved .....	245	278	523			
Died .....	1,173	888	2,061			
Eloped.....	31	.....	31			
Total .....				2,785	2,506	5,291
Remaining October 31st, 1903 .....				744	761	1,505

(48)

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1902.									
November .....	16	18	34	8	11	19	731.68	730.66	1,462.34
December .....	17	4	21	11	5	16	738.94	734.93	1,478.87
1903.									
January .....	10	14	24	9	13	22	742.66	736.56	1,479.22
February .....	14	9	23	4	8	12	749.37	739.14	1,488.51
March .....	21	18	39	18	6	19	756.10	742.66	1,498.76
April .....	14	24	38	11	6	17	758.65	758.68	1,517.33
May .....	18	15	33	19	19	38	760.65	764.49	1,525.14
June .....	19	18	37	12	8	20	762.95	766.97	1,529.92
July .....	15	13	28	13	23	36	765.04	768.34	1,533.38
August .....	10	11	21	11	15	26	767.26	758.47	1,525.73
September .....	16	20	36	19	5	24	766.22	764.25	1,530.47
October .....	21	12	33	44	27	71	759.91	766.06	1,525.97
Total .....	191	176	367	174	146	320	.....	.....	.....
For the year .....	.....	.....	.....	.....	.....	.....	754.95	752.60	1,507.55

TABLE III.

## NUMBER OF ATTACK OF THOSE ADMITTED.

<i>Attack.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
First.....	159	134	293
Second.....	17	29	46
Third.....	11	7	18
Fourth.....	1	2	3
Fifth.....	2	2	4
Sixth or more.....	1	2	3
Total..	191	176	367

TABLE IV.

## AGE WHEN ADMITTED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years.....	1	3	4
Fifteen to twenty years.....	9	9	18
Twenty to twenty-five years.....	21	11	32
Twenty-five to thirty years.....	21	19	40
Thirty to thirty-five years.....	19	25	44
Thirty five to forty years.....	26	16	42
Forty to forty-five years.....	15	22	37
Forty-five to fifty years.....	15	25	40
Fifty to sixty years.....	28	27	55
Sixty to seventy years.....	24	9	33
Seventy to eighty years.....	7	7	14
Eighty years and over.....	5	3	8
Total..	191	176	367

TABLE V.

## NATIVITY OF THOSE ADMITTED.

<i>Nativity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
California .....	1	2	3
Connecticut.....	1	3	4
Delaware.....	1	1	2
Illinois.....	.....	1	1
Iowa.....	1	.....	1
Massachusetts.....	3	.....	3
New Jersey.....	63	54	117
New York.....	22	21	43
North Carolina.....	.....	1	1
Ohio.....	1	.....	1
Pennsylvania.....	6	1	7
South Carolina.....	.....	1	1
Virginia.....	2	3	5
United States.....	3	11	14
Austria.....	8	3	11
Belgium.....	1	.....	1
Canada.....	3	1	4
Danish West Indies.....	1	.....	1
Denmark.....	.....	1	1
England.....	15	6	21
Germany.....	16	16	32
Holland.....	2	.....	2
Hungary.....	3	1	4
Ireland.....	15	26	41
Italy.....	8	3	11
Jamaica.....	.....	1	1
Poland.....	1	3	4
Russia.....	6	3	9
Scotland.....	2	6	8
Sweden.....	1	1	2
Switzerland.....	2	5	7
Unknown.....	3	1	4
Total.....	191	176	367

TABLE VI.

## RESIDENCE OF THOSE ADMITTED.

<i>Counties.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Bergen .....	31	25	56
Essex .....	35	27	62
Hudson.....	22	17	39
Hunterdon ..	1	.....	1
Middlesex .....	.....	2	2
Monmouth .....	1	.....	1
Morris.....	19	21	40
Passaic .....	26	39	65
Somerset.....	2	.....	2
Sussex .....	6	5	11
Union .....	37	35	72
Warren .....	8	5	13
New York, N. Y.....	3	.....	3
Total.. .....	<hr/> 191	<hr/> 176	<hr/> 367

TABLE VII.

## CIVIL CONDITION OF THOSE ADMITTED.

<i>Civil Condition.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Single.....	76	68	144
Married .....	98	82	180
Widowed .....	17	26	43
Total.....	<hr/> 191	<hr/> 176	<hr/> 367

TABLE VIII.

## OCCUPATION OF THOSE ADMITTED.

<i>Occupation.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Actors .....	2	.....	2
Artisans .....	31	8	39
Bakers .....	1	.....	1
Barbers.....	3	.....	3
Brokers.....	3	.....	3
Butchers.....	1	.....	1
Carpenters.....	2	.....	2
Clergymen ..	2	.....	2
Clerks.....	17	3	20
Chemists.....	1	.....	1
Dentists .....	1	.....	1
Dressmakers.....	.....	3	3
Electricians.....	4	.....	4
Farmers.....	6	.....	6
Gardeners.....	3	.....	3
Hotel-keepers.....	1	.....	1
Housekeepers.....	.....	6	6
Housewives.....	.....	71	71
Hucksters.....	1	.....	1
Insurance agents.....	2	.....	2
Laborers .....	40	.....	40
Lawyers.....	4	.....	4
Liverymen.....	1	.....	1
Machinists .....	10	.....	10
Mechanical engineers.....	1	.....	1
Mechanics.....	7	.....	7
Merchants.....	5	.....	5
Musicians.....	1	.....	1
Nurses.....	.....	1	1
Sailors.....	3	.....	3
Salesmen.....	6	.....	6
Servants .....	2	34	36
Shoemakers .....	1	.....	1
Students.....	.....	4	4
Teachers .....	1	2	3
No occupation..	28	44	72
Total.....	191	176	367

TABLE IX.

## MENTAL DISEASE OF THOSE ADMITTED

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	16	50	66
Mania, acute delirious.....	4	1	5
Mania, chronic.....	3	3	6
Mania, epileptic.....	3	2	5
Mania, puerperal.....	....	1	1
Mania, recurrent ....	4	1	5
Mania, toxic.....	10	7	17
Melancholia, acute.....	41	48	89
Melancholia, agitata.....	5	10	15
Melancholia, chronic.....	11	2	13
Melancholia, recurrent.....	2	2	4
Dementia, epileptic.....	2	4	6
Dementia, organic.....	5	2	7
Dementia, paretic..	28	....	28
Dementia, primary.....	1	3	4
Dementia, senile.....	19	12	31
Dementia, terminal..	4	1	5
Imbecility.....	2	2	4
Insane neuroses; hypochondria.....	1	....	1
Insane neuroses; hysteria.....	....	2	2
Insanity, adolescent.....	14	8	22
Insanity, choreic.....	....	1	1
Insanity, pubescent.....	4	....	4
Idiocy with mania.....	....	2	2
Imbecility with mania .....	2	5	7
Paranoia .....	10	6	16
Habitual drunkard.....	....	1	1
Total.....	191	176	367

TABLE X.

## MANNER OF SUPPORT OF THOSE ADMITTED.

<i>How Supported.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
State.....	39	37	76
County.....	99	111	210
Private .....	53	28	81
Total.....	191	176	367



TABLE XI.

## ALLEGED CAUSES OF INSANITY OF THOSE ADMITTED.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<b>Physical—</b>			
Adolescence.....	.....	2	2
Blindness.....	1	.....	1
Cerebral hemorrhage.....	4	1	5
Congenital.....	1	1	2
Cerebral paralysis.....	1	.....	1
Cerebro spinal meningitis.....	.....	1	1
Chorea.....	.....	1	1
Childbirth.....	.....	11	11
Epilepsy.....	6	5	11
General ill health.....	3	2	5
Grippe.....	3	2	5
Heredity.....	23	21	44
Idiocy.....	.....	1	1
Injury.....	10	2	12
Intemperance and other excesses.....	18	12	30
Masturbation.....	7	.....	7
Menopause.....	.....	20	20
Morphine.....	2	.....	2
Meningitis.....	1	.....	1
Old age.....	6	14	20
Overwork.....	6	3	9
Puberty.....	1	.....	1
Pneumonia.....	.....	1	1
Rheumatism.....	1	.....	1
Sunstroke.....	1	2	3
Syphilis.....	14	.....	14
Spinal curvature.....	2	.....	2
Sexual abnormality.....	1	.....	1
<b>Total.....</b>	<b>112</b>	<b>102</b>	<b>214</b>
<b>Moral—</b>			
Business troubles.....	6	.....	6
Domestic troubles.....	3	7	10
Disappointed affections.....	1	2	3
Financial reverses.....	2	.....	2
Fright.....	1	.....	1
Grief.....	2	4	6
Religious excitement.....	4	1	5
Worry.....	7	9	16
<b>Total moral.....</b>	<b>26</b>	<b>23</b>	<b>49</b>
<b>Total physical.....</b>	<b>112</b>	<b>102</b>	<b>214</b>
<b>Total moral.....</b>	<b>26</b>	<b>23</b>	<b>49</b>
<b>Unassigned.....</b>	<b>53</b>	<b>51</b>	<b>104</b>
<b>Total.....</b>	<b>191</b>	<b>176</b>	<b>367</b>

TABLE XII.

## COMPLICATIONS OF THOSE ADMITTED.

<i>Complications.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Arthritis deformans.....	1	2	3
Anemia .....	.....	1	1
Arterio-sclerosis .....	12	11	23
Asthma.....	1	.....	1
Bronchitis, chronic.....	1	2	3
Cirrhosis of liver.....	1	.....	1
Cystitis.....	7	7	14
Cystocele .....	.....	1	1
Diabetes mellitus.....	.....	1	1
Endometritis.....	.....	2	2
Endocarditis .....	7	14	21
Epididymitis .....	1	.....	1
Epilepsy .....	6	5	11
Enlarged thyroid.....	1	1	2
Exophthalmic goitre .....	1	.....	1
Gastritis .....	1	1	2
Granular ophthalmia.....	1	.....	1
Hypospadias.....	1	.....	1
Hydrocele.....	1	.....	1
Hemorrhoids .....	2	1	3
Hernia. ....	5	.....	5
Locomotor ataxia.....	1	.....	1
Malarial fever.....	1	.....	1
Mastitis.....	.....	1	1
Multiple sclerosis.....	.....	1	1
Nephritis.....	34	16	50
Optic atrophy.....	1	.....	1
Pneumonia.....	1	.....	1
Pulmonary tuberculosis.....	4	.....	4
Prolapsus uteri.....	.....	2	2
Starvation.....	.....	1	1
Stomatitis.....	.....	1	1
Scrofula.....	.....	1	1
Strabismus .....	.....	1	1
Spermatorrhoea .....	1	.....	1
Syphilis .....	21	1	22
Spinal curvature.....	2	.....	2
Tonsillitis.....	1	.....	1
Varicose veins.....	2	.....	2
Varicocele.....	3	.....	3
Homicidal tendencies.....	48	28	76
Suicidal tendencies.....	48	45	93
Without complications.....	90	108	198

In this table patients who had a number of complications have been noted more than once. Therefore the total would have no significance.

TABLE XIII.

## HEREDITY OF THOSE ADMITTED.

<i>Heredity.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Insanity in family.....	41	86	77
Hereditary taint denied.....	73	42	115
Hereditary history unobtainable.....	77	98	175
Total.....	191	176	367

TABLE XIV.

## DURATION OF DISEASE BEFORE ADMISSION.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month .....	47	47	94
One to three months .....	34	40	74
Three to six months.....	27	23	50
Six to twelve months.....	17	15	32
One to two years .....	15	11	26
Two to three years.....	11	9	20
Three to four years. ....	6	5	11
Four to five years .....	6	2	8
Five to ten years.....	7	6	13
Ten to twenty years.....	5	6	11
Over twenty years .....	7	2	9
Unknown .....	9	10	19
Total.....	191	176	367

TABLE XV.

## AGE WHEN ATTACKED OF THOSE RESTORED.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under fifteen years.....	1	2	3
Fifteen to twenty years.....	6	8	14
Twenty to twenty-five years.....	17	9	26
Twenty-five to thirty years .....	7	9	16
Thirty to thirty five years.....	9	7	16
Thirty-five to forty years.....	11	5	16
Forty to forty-five years. ....	5	5	10
Forty-five to fifty years.....	3	8	11
Fifty to sixty years. ....	6	5	11
Sixty to seventy years .....	4	4	8
Total .....	69	62	131

TABLE XVI.

## DURATION BEFORE ADMISSION OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	29	19	48
One to three months.....	18	13	31
Three to six months.....	6	10	16
Six to twelve months.....	4	8	12
One to two years.....	7	5	12
Over two years.....	5	7	12
Total.....	69	62	131

TABLE XVII.

## DURATION OF TREATMENT OF THOSE RESTORED.

<i>Duration.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Under one month.....	27	17	44
One to two months.....	14	8	22
Two to three months.....	7	6	13
Three to four months.....	4	6	10
Four to five months.....	1	3	4
Five to six months.....	2	2	4
Six to nine months.....	2	9	11
Nine to twelve months.....	2	1	3
Twelve to eighteen months.....	2	4	6
Eighteen to twenty-four months.....	4	1	5
Over two years.....	4	5	9
Total.....	69	62	131

TABLE XVIII.

## MENTAL DISEASE OF THOSE RESTORED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	13	14	27
Mania, acute delirious.....	2	1	3
Mania, chronic.....	.....	2	2
Mania, puerperal.....	.....	1	1
Mania, recurrent.....	3	8	11
Mania, toxic.....	12	4	16
Melancholia, acute.....	17	22	39
Melancholia, agitata.....	3	1	4
Melancholia, chronic.....	4	1	5
Melancholia, recurrent.....	5	1	6
Melancholia, stuporous.....	.....	2	2
Insanity, adolescent.....	7	4	11
Insanity, pubescent.....	1	1	2
Insane neuroses; hypochondria.....	1	.....	1
Habitual drunkard.....	1	.....	1
Total.....	69	62	131

TABLE XIX.

## AGE AT DEATH.

<i>Age.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Ten to twenty years.....	.....	1	1
Twenty to twenty-five years.....	2	1	3
Twenty-five to thirty years.....	4	1	5
Thirty to thirty-five years.....	6	3	9
Thirty-five to forty years.....	7	7	14
Forty to forty-five years.....	6	5	11
Forty-five to fifty years.....	9	10	19
Fifty to sixty years.....	7	9	16
Sixty to seventy years.....	14	6	20
Seventy to eighty years.....	10	13	23
Eighty to ninety years.....	3	5	8
Total.....	68	61	129
Average age at death.....	52	54	53

TABLE XX.

## MENTAL DISEASE OF THOSE WHO DIED.

<i>Mental Disease.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Mania, acute.....	2	12	14
Mania, acute delirious.....	1	.....	1
Mania, chronic.....	2	5	7
Mania, recurrent.....	.....	1	1
Mania, toxic.....	2	.....	2
Melancholia, acute.....	3	6	9
Melancholia, agitata.....	2	3	5
Melancholia, chronic.....	2	2	4
Melancholia, recurrent.....	.....	1	1
Dementia, epileptic.....	1	3	4
Dementia, organic.....	2	.....	2
Dementia, paretic.....	19	.....	19
Dementia, primary.....	.....	1	1
Dementia, senile.....	12	15	27
Dementia, terminal.....	16	12	28
Insanity adolescence.....	1	.....	1
Paranoia.....	3	.....	3
Total.....	68	61	129

TABLE XXI.

## CAUSES OF DEATH.

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<b>Mania—</b>			
Acute, with acute gastritis.....	.....	1	1
Acute, with cerebral syphilis.....	.....	1	1
Acute, with diabetic coma.....	.....	1	1
Acute, with exhaustion.....	.....	2	2
Acute, with marasmus.....	.....	1	1
Acute, with tuberculosis.....	2	1	3
Acute, with nephritis.....	1	6	7
Chronic, with convulsions.....	.....	1	1
Chronic, with cerebral hemorrhage.....	.....	1	1
Chronic, with exhaustion.....	.....	2	2
Chronic, with nephritis.....	1	.....	1
Chronic, with tuberculosis.....	.....	1	1
Chronic, with locomotor ataxia.....	1	.....	1
Chronic, with pneumonia, hypostatic.....	.....	1	1
Recurrent, with colitis.....	.....	1	1
Toxic, with pneumonia.....	2	.....	2
<b>Melancholia—</b>			
Acute, with chronic nephritis.....	1	3	4
Acute, with fatty heart.....	1	.....	1
Acute, with hemorrhage.....	.....	1	1
Acute, with pneumonia.....	1	.....	1
Acute, with pulmonary tuberculosis.....	.....	1	1
Agitata, with catarrhal dysentery.....	.....	1	1
Agitata, with exhaustion.....	1	.....	1
Agitata, with chronic nephritis.....	1	2	3
Chronic, with organic heart disease.....	.....	1	1
Chronic, with tuberculosis.....	2	.....	2
Recurrent, with pulmonary tuberculosis.....	.....	1	1
<b>Dementia—</b>			
Epileptic, with exhaustion.....	.....	2	2
Epileptic, with status epilepticus.....	1	1	2
Organic, with endocarditis.....	1	.....	1
Organic, with exhaustion.....	1	.....	1
Paretic, with gastritis.....	1	.....	1
Paretic, with convulsions.....	5	.....	5
Paretic, with exhaustion.....	6	.....	6
Paretic, with inanition.....	1	.....	1
Paretic, with nephritis.....	4	.....	4
Paretic, with œdema of lungs.....	2	.....	2

<i>Causes.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
<b>Dementia—</b>			
Primary, with nephritis.....	.....	1	1
Senile, with cerebral hemorrhage.....	2	.....	2
Senile, with endocarditis.....	3	.....	3
Senile, with colitis.....	.....	1	1
Senile, with œdema of lungs.....	1	.....	1
Senile, with exhaustion.....	3	11	14
Senile, with nephritis.....	3	1	4
Senile, with pneumonia.....	.....	1	1
Senile, with cardiac failure.....	.....	1	1
Terminal, with cerebral hemorrhage.....	1	.....	1
Terminal, with cystitis.....	.....	1	1
Terminal, with endocarditis.....	1	1	2
Terminal, with exhaustion.....	3	6	9
Terminal, with colitis.....	.....	1	1
Terminal, with intestinal obstruction.....	.....	1	1
Terminal, with locomotor ataxia.....	1	.....	1
Terminal, with nephritis.....	5	1	6
Terminal, with pneumonia.....	2	.....	2
Terminal, with tuberculosis.....	3	1	4
Insanity, adolescent, with exhaustion.....	1	.....	1
Paranoia, with nephritis.....	1	.....	1
Paranoia, with appendicitis.....	1	.....	1
Paranoia, with pneumonia.....	1	.....	1
<b>Total.....</b>	<b>68</b>	<b>61</b>	<b>129</b>

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

<i>Years.</i>	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>	<i>Increase.</i>
October 31st, 1876.....	159	183	342	.....
October 31st, 1877.....	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879.....	248	279	527	47
October 31st, 1880.....	277	309	586	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	26
October 31st, 1883.....	380	377	707	40
October 31st, 1884.....	371	374	745	38
October 31st, 1885.....	415	414	829	84
October 31st, 1886.....	415	441	856	27
October 31st, 1887.....	434	439	873	17
October 31st, 1888.....	463	441	905	31
October 31st, 1889.....	427	430	*857	.....
October 31st, 1890.....	450	436	886	29
October 31st, 1891.....	455	443	898	12
October 31st, 1892.....	471	478	949	51
October 31st, 1893.....	509	500	1,009	60
October 31st, 1894.....	520	530	1,050	41
October 31st, 1895.....	541	575	1,116	66
October 31st, 1896.....	538	550	†1,088	.....
October 31st, 1897.....	593	584	1,177	89
October 31st, 1898.....	618	618	1,236	59
October 31st, 1899.....	658	644	1,302	66
October 31st, 1900.....	696	693	1,389	87
October 31st, 1901.....	707	683	†1,390	1
October 31st, 1902.....	729	732	1,461	71
October 31st, 1903.....	744	761	‡1,505	44

\* One hundred patients transferred to Essex County Hospital.

† Eighty-five patients transferred to Hudson County Hospital.

‡ Twenty-five patients removed by Hudson and Passaic counties.

§ Nineteen private patients removed to Sailors' Snug Harbor, N. Y.









PATHOLOGICAL LABORATORY, PHYSIOLOGICAL AND CHEMICAL DEPARTMENTS

---

---

REPORT OF  
H. A. Cossitt, M.D., Pathologist.

---

---

(59)



## REPORT IN PATHOLOGY.

---

*To the Medical Director :*

During the year 22 autopsies have been performed ; 9 more than reported last year. In 5 permission to open the skull could not be obtained, which accounts for the term "Not examined."

It is unfortunate that more post-mortem material is not available, for the knowledge gathered from an autopsy is always of value.

In the past year we have been unable to obtain from friends or relatives permission to make post-mortems, even in very interesting and obscure cases.

TABLE OF AUTOPSIES GIVING MENTAL DISEASE.

Mania, acute.....	6
Mania, toxic alcoholic.....	1
Melancholia, acute.....	3
Mania, chronic.....	2
Dementia, paretic.....	3
Dementia, terminal.....	5
Dementia, senile.....	1
Paranoia.....	1
Total.....	<u>22</u>

Of the 22 autopsies set forth in tabulated forms, 14 were males, 8 females. As to race 19 were white, 3 colored. The average age at death was 46.40 years, the youngest being 23 and the oldest 71 years of age.

The average duration of mental disease was 6.51 years, the extremes of duration being from 1 week to 26 years.

Eleven of the cases were under one year's duration ; 10 of the total number suffered from acute diseases.

In 19 of the autopsies there were gross kidney lesions; 86.33 per cent. This is somewhat below the percentage of last year, which was 92.5 per cent.

Thirteen of the subjects autopsied showing kidney lesions were 40 or more years of age.

Two which came to autopsy exhibited acute congestion of kidneys, with no organic lesion; both were females. In 1 the kidneys were normal. Fifty per cent. of all examined were of the chronic diffuse type.

Reproducing last year's table, which gave the percentage of cases showing gross kidney lesions by ages for the past 8 years, and making the additions to it for the year covered by this report, the relative frequency of this form of kidney lesion in the insane, as shown by the 169 autopsies appears as follows:

<i>Age.</i>	<i>No.</i>	<i>Showing Gross Kidney Lesion.</i>	<i>Without Gross Kidney Lesion.</i>	<i>Per Cent. Showing Gross Kidney Lesion.</i>
Below 30.....	22	10	12	45.4
30 to 40.....	29	18	11	61.7
40 to 50.....	39	32	7	82
50 to 60.....	30	22	8	73.3
60 and over.....	49	42	7	85.9
Total .....	169	124	45	74.6

The percentages in the above table are higher than those appearing in last year's report. The total percentage showing gross kidney lesions are for this year's table 74.6, while last year it was 71.4.

The percentage of gross kidney lesion was higher in the males than in the females, and was as follows: Of the 14 men, 13 (92.8 per cent.) exhibited such lesions, while in the 8 women but 6 (75 per cent.) presented this character of kidney lesion.

Three were cases of paresis, making a total to date 22 paretics, 20 (90.9 per cent.) of which have presented gross kidney lesions.

As heretofore the most important lesions found outside of the central nervous system have been chronic nephritis, diseases of the circulatory system, fatty degeneration of the liver and interstitial changes in the spleen.

Valvular disease of the heart was present in 50 per cent. of all cases coming to autopsy.

Widespread arterio-sclerosis was one of the most common lesions present.

In 35 per cent. of all cases, vessels at the base of the brain were found to be atheromatous.

Over 40 per cent. of autopsies showed that the cortical vessels were the seat of chronic disease.

A great number presented thickening of the meninges. In all patients suffering from a chronic type of insanity the convulsions were more or less atrophied; in some they were flattened. A few exhibited localized areas of cerebral softening.

Marked changes in the suprarenal bodies were found, the greater percentage showing more or less fatty degeneration; in a smaller percentage they were very much atrophied and of increased consistence.



TABLE I.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Anatomical Diagnosis.
284	M.	62	W.	Dementia, terminal.	26 years....	Chronic meningo-encephalitis. Acute lobar pneumonia. Chronic pleuritis. Chronic indurative splenitis. Chronic diffuse nephritis. Myocarditis. Chronic hepatic congestion. Pericarditis with effusion. Fatty degeneration heart. Acute dilatation right ventricle. Chronic endocarditis. Calcareous degeneration of vessels. Chronic pleuritis. Chronic diffuse nephritis. Fatty degeneration liver. Chronic interstitial splenitis. Hemorrhoids. Lobar pneumonia. Pulmonary tuberculosis. Chronic gastritis.
285	M.	51	W.	Melancholia, acute...	9 months..	Pachymeningitis externa. Cardiac hypertrophy. Pericarditis. Chronic pleuritis. Hypostatic pneumonia. Chronic interstitial nephritis. Chronic interstitial splenitis. Appendicitis. Acute gastritis. Endocarditis.
286	M.	31	W.	Melancholia, acute...	8 months..	Chronic meningo-encephalitis. General arteriosclerosis. Hypostatic congestion lungs. Chronic endocarditis. Sclerosis coronary arteries. Atrophic cirrhosis liver. Interstitial splenitis. Chronic diffuse nephritis. Ovarian cyst. Multilocular fibroid uterus. Submucous polypoid uterus. Chronic gastritis.
287	F.	55	B.	Mania, chronic.....	4 years....	Pachymeningitis externa. Chronic diffuse nephritis with acute congestion. Arterio sclerosis. Fatty degeneration liver. Cystic left ovary. Hypostatic congestion lungs. Chronic interstitial splenitis. Pancreatitis. Chronic endocarditis.
288	F.	42	W.	Mania, acute.....	3 weeks...	

TABLE I.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Anatomical Diagnosis.
289	M.	71	W.	Dementia, terminal...	26 years ....	{ Chronic meningo-encephalitis. Chronic endocarditis. Chronic pleuritis with effusion. Chronic diffuse nephritis with cystic degeneration of the kidneys. Hypostatic congestion lungs. General arterio sclerosis. Hypertrophy of prostate. Fatty degeneration liver
290	M.	62	W.	Mania toxic, alc.....	1 month...	{ Chronic pachyleptomeningitis. Pulmonary tuberculosis. Chronic endocarditis. General arterio sclerosis. Chronic diffuse nephritis. Pleuritis. Tubercular peritonitis. Interstitial splentitis. Fatty degeneration liver.
291	M.	49	W.	Dementia, terminal...	14 years....	{ Chronic diffuse nephritis, with cystic degeneration of left kidney and acute congestion. Hypertrophy of left ventricle. Arterio sclerosis. Passive hepatic congestion. Hypostatic congestion of lungs. Effusion in pleural cavity.
292	M.	24	W.	Mania, acute.....	1 year.....	{ Chronic pachyleptomeningitis. Pulmonary tuberculosis. Chronic interstitial nephritis, with acute congestion. Splentitis. Acute intussusception ileum.
293	F.	30	W.	Mania, acute.....	2 months..	{ Tubercular peritonitis Tubercular disease of kidneys, with cystic degeneration. Hepatitis. Pulmonary tuberculosis.
294	M.	41	B.	Dementia, parietic....	5 years....	{ Chronic meningo-encephalitis, with sub-dural cyst. Chronic endocarditis. General arterio sclerosis. Fatty degeneration of heart. Chronic gastritis. Hypostatic pneumonia. Chronic pleuritis. Chronic diffuse nephritis. Splentitis Hepatic congestion.

TABLE I.—Continued.

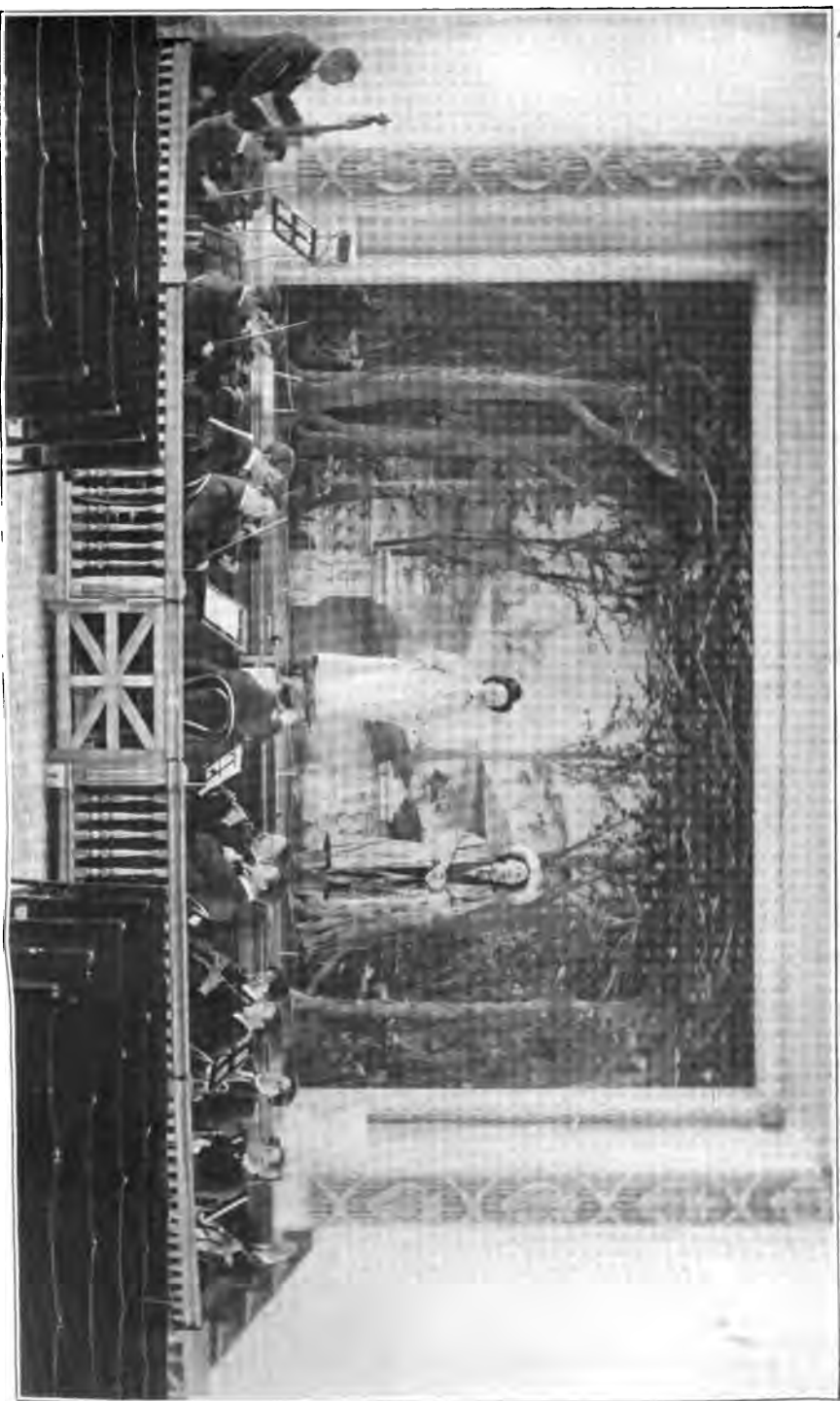
Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Anatomical Diagnosis.
295	F.	23	B.	Mania, acute. ....	1 week....	Passive pulmonary congestion. Acute congestion of kidneys. Chronic pleuritis.
296	M.	54	W.	Paranoia.....	12 years....	Chronic meningo-encephalitis. Chronic pleuritis with effusion. Hypostatic pneumonia. Old tubercular nodules. Pericarditis with effusion. Myocarditis. Hypertrophy left ventricle. Endocarditis. Fatty degeneration liver. Interstitial splenitis. Appendicitis. Septic peritonitis. Chronic diffuse nephritis. Arterio sclerosis.
297	M.	33	W.	Melancholia, acute...	11 months..	Chronic meningo-encephalitis. Chronic pleuritis. Fatty degeneration liver. Acute congestion spleen. Anthracosis. Acute gastritis
298	M.	53	W.	Dementia, paretic....	1 year.....	Chronic meningo-encephalitis. Atrophic cirrhosis of liver. General arterio sclerosis. Chronic endocarditis. Chronic gastritis. Anthracosis. Pleuritis. Chronic interstitial nephritis.
299	F.	47	W.	Mania, chronic.....	20 years....	Chronic interstitial nephritis. Chronic peritonitis, with bands and adhesions. Acute peritonitis. Volvulus and perforation of sigmoid flexure. Sub-peritoneal fibroids of uterus.
300	F.	84	W.	Dementia, terminal..	4 years....	Chronic meningo-encephalitis. Chronic pleuritis. Old tubercular nodules in lungs. Pulmonary tuberculosis. Interstitial splenitis. Chronic interstitial nephritis. Tubercular mesenteric adenitis.

TABLE I.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Anatomical Diagnosis.
301	M.	63	W.	Dementia, senile ....	6 months	{ Chronic meningo-encephalitis. Atrophic cirrhosis of liver. Chronic endocarditis. Atheroma of aorta. Chronic diffuse nephritis, with acute congestion. Anthracosis. Fibrosis of lungs. Chronic pleurisy.
302	F.	37	W.	Mania, acute. ....	4 months	{ Acute gastritis. Fatty degeneration of liver. Cystic degeneration ovary. Acute congestion of kidneys.
303	M.	31	W.	Dementia, paretic...	10 months..	{ Chronic meningo-encephalitis. Chronic pleurisy. Atrophy of heart. Interstitial splenitis. General arterio-sclerosis. Chronic diffuse nephritis.
304	M.	67	W.	Dementia, terminal...	26 years....	{ Chronic meningo-encephalitis. Cardiac hypertrophy left ventricle. Acute dilatation right auricle. Chronic pleuritis. Old tubercular nodules in lungs. Chronic interstitial nephritis. General arterio sclerosis.
305	F.	61	W.	Mania, acute. ....	2 weeks..	{ Chronic pachyleptomeningitis. Chronic interstitial nephritis. Interstitial splenitis. Chronic pleuritis. General arteriosclerosis. Old tubercular nodules in lungs. General atrophy of all organs.

TABLE

Number.	GROSS APPEARANCE OF ORGANS.	CALVARIUM.
	<i>Mania, acute.</i>	
288	<p>Pericardium—Thickened, areas of sclerosis and calcareous deposits. Roughened.  Heart—Small. Muscle pale. Mitral and aortic valves thickened, with calcareous deposits on valves. Coronary arteries—Tortuous sclerosis.  Lungs—Hypostasis in dependent parts. Pulmonary vessels somewhat calcareous. Bronchitis.  Spleen—Consistence increased. Capsule thickened, strips with difficulty.  Liver—Large, fatty degeneration.  Pancreas—Fibrous. Consistence increased.  Ovaries—Atrophied. Cystic degeneration of left.  Kidneys—Congested. Cortex pale. Striations obliterated. Capsule strips readily. Malpighian tufts indistinct. Pyramids greatly congested. Congestion more marked in right kidney.</p>	Thickened.
	<i>Mania, acute.</i>	
298	<p>Peritoneum—Necrotic in places. Thickened. Roughened, cannot be separated from viscera.  Intestines—Congested. Distended with gas.  Liver—Enlarged, especially left lobe. Color pale.  Stomach—Distended, congested, thickened. Retroperitoneal and inguinal glands enlarged.  Kidneys—Small. Cystic. Tubercular.  Uterus—Consistence increased. Fibrous.  Ovaries—Fibrous.</p>	
	<i>Mania, acute.</i>	
295	<p>Heart—Small. Muscle firm. Valves normal. Few small atheromatous areas in right coronary artery and aorta.  Lungs—Pleura very adherent, laterally. Glands enlarged. Hypostatic congestion posteriorly.  Liver—Lobules poorly defined. Congested.  Spleen—Contracted. Congested.  Kidneys—Lobulated. Acute congestion. Striations poorly defined. Malpighian tufts distinct.  Ovaries—Cystic degeneration left ovary.</p>	Normal thickness and density.
	<i>Mania, acute.</i>	
302	<p>Liver—Enlarged. Fatty areas. Capsule strips easily. Smooth surface. Color pale.  Stomach—Congested. Vessels dilated.  Kidneys—Acute congestion. Small.  Ovaries—Cystic degeneration. Supplementary ovary.</p>	
	<i>Mania, acute.</i>	
305	<p>Heart—Normal. No valvular lesions.  Pleura—Adherent at apices.  Lungs—Old tubercular nodules, more marked at apices. Hypostatic congestion posteriorly.  Liver—Small. Edges sharp. Congested. Capsule strips easily.  Spleen—Atrophied. Congested. Consistence increased. Fibrous.  Kidneys—Contracted. Cortex thin. Cysts in cortex. Capsule adherent. Markings indistinct. Congested.</p>	Normal.



REHEARSAL ON THE NEW STAGE



## II.

BRAIN MEMBRANES.	GROSS APPEARANCE OF BRAIN.			
	<i>Weight.</i>	<i>Consistence.</i>	<i>Blood supply.</i>	<i>Other Conditions.</i>
Dura thickened, roughened, very much congested, very adherent to calvarium. Pia congested, roughened.	Grms., 1,650.	Diminished.	Congested.	Convulsions atrophied. Cortex thin. Vessels at base tortuous. Vessels of choroid plexuses injected. Hemorrhage in brain substance.
Not examined.				Not examined.
Dura normal thickness. Non-adherent. Vessels well filled. Pia opaque. Congested. Non adherent.	Grms., 1,280.	Normal.	Congested.	Medulla pigmented. Sinuses all free. Convulsions well formed. Circle of Willis intact. Vessels at base normal. No thickened areas. Choroid plexuses injected.
Not examined.				Not examined.
Dura adherent to skull. Thickened. Pia opaque. Vessels injected.	Grms., 900.	Normal.	Congested.	Lateral sinuses contain post-mortem clots. Convulsions atrophied. Vessels at base intact. Vessels injected.



TABLE

Number.	GROSS APPEARANCE OF ORGANS.	CALVARIUM.
	<i>Mania, acute.</i>	
292	<p>Heart—Small. Valves normal. Aorta atheromatous areas.</p> <p>Lungs—Hypostatic congestion. Several small cheesy areas. Left lung contracted.</p> <p>Intestines—Distended. Congested. Intussusception in ileum. Adhesions.</p> <p>Liver—Small. Congested. Capsule non-adherent. Consistence diminished. Edges smooth.</p> <p>Spleen—Congested. Consistence diminished. Capsule thickened and adherent.</p> <p>Pancreas—Consistence increased.</p> <p>Kidneys—Congested. Cortex normal. Markings indistinct. Capsule adherent.</p>	Thickened.
	<i>Mania, toxic alcoholic.</i>	
290	<p>Pericardium—Thickened. Pale. Contains excess fluid.</p> <p>Heart—Right heart, large ante-mortem clot. Walls thin. Muscle pale. Pulmonary valves roughened. Tricuspid valve thickened. Left ventricle pale. Mitral and aortic valves thickened and have calcareous areas. Coronary arteries—Tortuous. Distended. Calcareous areas.</p> <p>Pleura—Thickened. Adherent over right lung.</p> <p>Lungs—Right upper lobe consolidated. Many cavities. Lower right lobe congested, in places consolidated. Few cavities. Left lung so adherent could not be removed. Consolidated and contains many cavities.</p> <p>Kidneys—Pale. Cortex thin. Capsule adherent. Malpighian tufts in distinct. Striations indistinct.</p> <p>Spleen—Consistence diminished. Large white area on anterior surface. Capsule adherent. Congested.</p> <p>Liver—Pale. Consistence diminished. Surface smooth. Cut section fatty. Capsule thickened.</p> <p>Peritoneum—Thickened. Roughened. Adhesions.</p> <p>Appendix—Two concretions in distal end. Congested.</p>	Thickened.
	<i>Mania, chronic.</i>	
287	<p>Heart—Muscle pale. Left ventricle, walls thickened, muscles flabby, contains large post-mortem clot. Mitral valve thickened. Aortic valve roughened. Right auricle contains ante-mortem clot. Tricuspid valve roughened. Coronary arteries—Tortuous. Thickened. Sclerotic.</p> <p>Lungs—Both congested, left more so. Pigmented and emphysematous.</p> <p>Peritoneum—Congested, thickened, roughened.</p> <p>Intestines—Ecchymotic. Very adherent to tumor. Many sacculations on transverse colon. Colon distended at sigmoid flexure.</p> <p>Appendix—Congested.</p> <p>Liver—Small. Contracted. Consistence increased. Edges smooth. Capsule thickened, adherent, leaves rough surface.</p> <p>Gall Bladder—Distended.</p> <p>Stomach—Congested. Contracted. Walls thickened.</p> <p>Kidneys—Left. Cortex thin. Striations and Malpighian tufts indistinct. Capsule very adherent, leaves rough surface. Right—very small. Contracted. Cortex almost absent. Striations and Malpighian tufts indistinct. Capsule same as left. Consistence increased. Congested.</p> <p>Suprarenal Glands—Atrophied.</p> <p>Spleen—Normal size. Capsule adherent. Consistence increased. Congested.</p> <p>Ovaries—Large ovarian cyst left ovary. Weighs 1,465 grms. Adherent to surrounding viscera.</p> <p>Uterus—Cervix elongated, soft, pliable. Os dilated. Two mucus polypii protrude from os.</p> <p>Tumor—Multilocular fibroid of uterus.</p>	Thickened.

## II.—Continued.

BRAIN MEMBRANE.	GROSS APPEARANCE OF BRAIN.			
	<i>Weight.</i>	<i>Consistence.</i>	<i>Blood Supply.</i>	<i>Other Conditions</i>
Dura thickened. Adherent to skull. Pia thickened, opaque, oedematous. Congested.	Grms., 1,350.	Diminished.	Congested.	Cerebro-spinal fluid in excess. Ependyma granular. Vessels choroid plexuses cystic. Ventricles slightly dilated. Cortex diminished.
Dura thickened, roughened, very adherent. Marked congestion. Pia opaque, oedematous, hemorrhagic membrane on inner surface.	Grms., 1,400.	Diminished.	Congested.	Cortex thin. Granular ependyma. Vessels of choroid plexuses markedly injected. Vessels at base tortuous and injected. Hemorrhage in brain substance. All vessels of brain distended and thickened.
Dura congested, thickened, roughened, adherent. Pia thickened, adherent, congested.	Grms., 1,690.	Diminished.	Congested.	Frontal convolutions atrophied. Cortex thin. Cerebro-spinal fluid in excess. Vessels of choroid plexuses cystic.

TABLE

Number.	GROSS APPEARANCE OF ORGANS.	CALVARIUM.
	<i>Mania, chronic.</i>	
299	<p>Abdominal cavity—Contained a large amount of turbid fluid.            Peritoneum—Congested. Thickened. Roughened. Adherent to intestines by bands.            Intestines—Adherent. Congested. Mahogany red color. Sigmoid flexure twisted. Perforation of colon sigmoid flexure.            Stomach—Distended. Congested.            Kidney—Contracted. Congested. Capsule adherent. Surface roughened. Cortex thickened. Markings almost obliterated.            Ovaries—Atrophied. Consistence increased.            Uterus—Normal size. Several small sub-peritoneal fibroids.</p>	
	<i>Melancholia, acute.</i>	
295	<p>Pericardium—Thickened. Roughened. Contained two ounces of fluid.            Heart—Large. Fatty. Distended with non-coagulated blood. Walls of right side thin. Muscle pale. Ante-mortem clot in right auricle. Tricuspid valve thickened and roughened. Left ventricle walls thickened. Muscle dark red. Aortic and mitral valves roughened. Coronary arteries—Calcareous deposits.            Lungs—Left contracted, areas consolidated. Vessels atheromatous. Right pleura adherent. Cheesy deposits. Many fibrous areas. Vessels show calcareous changes.            Liver—Congested. Consistence diminished. Capsule adherent. Edges lobulated and sharp. Cut surface fatty.            Spleen—Much congested. Consistence diminished. Capsule thickened. Adherent. Surface roughened.            Kidney—Small. Congested. Fatty. Striations poorly defined. Malpighian tufts indistinct. Consistence diminished. Cortex thin. Capsule strips with difficulty.            Suprarenal Glands—Atrophied.            Pancreas—Consistence increased.            Stomach—Distended. Walls thickened and congested.</p>	
	<i>Melancholia, acute.</i>	
296	<p>Jugular veins distended.            Pericardium—Thickened. Large amount of fat on external surface. Petechial spots. Contains 270 c.c. pale serous fluid.            Heart—Enlarged. Large ante-mortem clot in right ventricle. Tricuspid valve thickened, roughened, calcareous areas. Left ventricle filled with dark fluid blood. Mitral valve very much thickened. Calcareous deposits. Large calcareous area in left auricle.            Lungs—Large areas consolidation. Congested. Mediastinal glands enlarged.            Liver—Consistence increased. Edges smooth. Capsule adherent. Roughened surface.            Pancreas—Consistence increased.            Kidneys—Consistence increased. Striations well defined. Cortex thin. Capsule adherent and thickened.            Suprarenal Glands—Atrophied.            Appendix—Seven inches long. Thickened, adherent, congested.            Spleen—Adherent to surrounding viscera. Consistence increased. Capsule adherent, thickened, strips with difficulty, leaving rough surface. Congested.            Stomach—Congested. Walls thickened.</p>	Thickened.
	<i>Melancholia, acute.</i>	
297	<p>Heart—Small. Muscle pale. Right auricle full of blood.            Lungs—Right pleura adherent at apex. Anthrocoasis both lungs. Congestion in dependent parts.            Stomach—Congested. Distended.            Liver—Yellow and fatty.            Spleen—Consistence diminished. Congested. Almost black.            Kidneys—Cortex thick. Markings distinct. Capsule adherent. Surface roughened. Pale color.</p>	Normal.

## II.—Continued.

BRAIN MEMBRANE.	GROSS APPEARANCE OF BRAIN.			
	<i>Weight.</i>	<i>Consistence.</i>	<i>Blood Supply.</i>	<i>Other Conditions.</i>
Not examined.				Not examined.
Not examined.				Not examined.
Dura thickened, non-adherent Pia slightly congested and opaque.	Grms., 1,490.	Diminished.	Congested.	Convulsions coarse. Cortex thin. Ependyma granular.
Dura thickened, roughened, adherent. Pia thickened, opaque, cedematous, congested.	Grms., 1,860.	Normal.	Congested.	Convulsions in frontal region atrophied. Cortex diminished in thickness. Sinuses open. Vessels at base normal. No thickened areas. Circle of Willis intact.

TABLE

Number.	GROSS APPEARANCE OF ORGANS.	CALVARIUM.
	<i>Dementia, parietic.</i>	
294	<p>Pericardium—Fatty. Pale.  Heart—Small. Muscle pale. Fatty. Consistence diminished. Mitral and aortic valves thickened, have calcareous areas. Coronary vessels. Tortuous. Distended. Sclerosed.  Lungs—Pleura adherent at apices. Congested posteriorly. Consolidation.  Peritoneum—Thickened. Fatty.  Liver—Congested. Consistence diminished. Nutmeg on section. Capsule very adherent.  Kidneys—Cortex thin. Striation and Malpighian tufts indistinct. Capsule thickened and adherent.  Spleen—Contracted. Consistence increased. Pale. Capsule wrinkled, thickened and adherent.  Stomach—Dilated. Walls thickened. Congested.</p>	Thickened.
	<i>Dementia, parietic.</i>	
298	<p>Heart—Muscle red. Firm. Aortic valves thickened. Aorta shows calcareous areas.  Pleura—Adhesions at apices and posteriorly.  Lungs—Anthracosis. Fibrous. Congested.  Liver—Atrophied. Consistence increased. Congested. Capsule adherent and thickened.  Spleen—Contracted. Consistence diminished. Congested. Capsule adherent.  Pancreas—Consistence increased. Fibrous.  Kidneys—Lobulated. Capsule thickened and adherent. Markings indistinct.</p>	Thickened. Paccheonian depressions well marked. Inner surface roughened.
	<i>Dementia, parietic.</i>	
308	<p>Heart—Small. Walls of right ventricle thin. Pale. Flabby.  Spleen—Lobulated. Capsule thickened and adherent. Congested.  Pleura—Adherent at apices.  Kidneys—Contracted. Cortex thin. Congested. Markings indistinct.</p>	Normal thickness. Diploe not well defined.
	<i>Dementia, terminal.</i>	
284	<p>Heart—Normal size. Muscle firm. Color pale. Valves normal. Mild grade myocarditis.  Lungs—Left pleura adherent. Left lung stage of red hepatization. Right pale.  Liver—Chronic passive congestion.  Spleen—Chronic indurative splenitis. Passive congestion.  Kidneys—Pale in color. Cortex thickened. Capsule moderately adherent. Striations indistinct. New connective tissue.</p>	Thickened.
	<i>Dementia, terminal.</i>	
289	<p>Heart—Ante-mortem clot in right ventricle. Post-mortem clot in left ventricle. Muscle thickened, firm, red. Aortic valves thickened, areas of atheroma. Coronary arteries—Tortuous, distended.  Aorta—Areas of calcareous degeneration.  Lungs—Left, hypostatic congestion. Pleural cavity contained 500 c.c. serous fluid. Vessels atheromatous. Right, pleural adhesion. Emphysematous. Hypostatic congestion. Vessels atheromatous.  Liver—Large. Consistence diminished. Capsule strips easily. Cut section fatty.  Spleen—Consistence diminished. Capsule strips easily.  Kidneys—Right, cortex normal thickness. Many small cysts in cortex. Capsule strips easily. Left, cortex thin. Striations indistinct. Malpighian tufts not well marked. Several small cysts in substance.  Appendix—Bent backward. Bound down by strong adhesions.  Prostate—Hypertrophied.</p>	Very much thickened.

## II.—Continued.

BRAIN MEMBRANE.	GROSS APPEARANCE OF BRAIN.			
	<i>Weight.</i>	<i>Consistence.</i>	<i>Blood Supply.</i>	<i>Other Conditions.</i>
Dura thickened, adherent to skull and brain. Congested. Sub-dural cyst contained thin yellow fluid. Pia thickened, opaque, cedematous, adherent to brain substance.	Grms., 850.	Soft.	Congested.	Medulla pigmented. Cortex very thin. Extreme atrophy of convolutions, especially of frontal. Vessels at base very tortuous, thickened atheromatous. Cerebro-spinal fluid in excess.
Dura thickened. Adherent to skull and brain substance. Congested. Pia thickened, opaque, adherent. Vessels of pia deeply injected.	Grms., 995.	Very much diminished.	Congested.	Convolutions very much atrophied, and flattened. Cortex thin. Consistence of cerebellum very much diminished. Sinuses distended with dark venous blood. Cerebro-spinal fluid greatly increased. Vessels tortuous, thickened and atheromatous at base. Vessels deeply injected.
Dura thickened, congested, adherent to skull and brain. Pia opaque, cedematous, adherent.	Grms., 1,350.	Diminished.	Congested.	Convolutions flattened. Cortex thin. Excess of cerebro-spinal fluid. Vessels at base tortuous and thickened. Cerebral vessels distended and thickened.
Dura thickened and adherent. Pia thickened, adherent. Many opaque areas.	Grms., 1,190.	Increased.	Anæmic.	Convolutions very much atrophied, especially frontal. Entire brain substance shrunken. Vessels at base tortuous.
Dura very much thickened and adherent to calvarium, especially over parieto-occipito regions centrally and laterally. Pia thickened and opaque.	Grms., 1,360.	Diminished.	Congested.	Frontal convolutions atrophied. Cortex thin. Cerebro-spinal fluid in excess. Ventricles dilated. Ependyma granular. Vessels, at base, tortuous. Areas of softening.

TABLE

Number.	GROSS APPEARANCE OF ORGANS.	CALVARIUM.
	<i>Dementia, terminal.</i>	
291	<p>Heart—Large. Ante-mortem clots in aurico-ventricular openings. Right ventricle thin. Color pale. Left ventricle much thickened. Muscle firm. Color pale. Valves normal. Coronary arteries—Thickened. Atheromatous.</p> <p>Lungs—Right, consistence increased. Dark red. Friable. Pleural cavity contains fluid. Left, same as right.</p> <p>Peritoneum—Veins dilated. Passive congestion.</p> <p>Spleen—Lobulated. Consistence firm.</p> <p>Kidneys—Left, acute congestion. Small cysts in cortex. Cortex thin. Markings nearly obliterated. Capsule adherent, leaves rough surface. Right, smaller. Not congested as left. Capsule adherent. Consistence firm. Cortex thin. Markings indistinct. Surface roughened.</p> <p>Liver—Pale yellowish color. Cut surface nutmeg.</p>	
	<i>Dementia, terminal</i>	
300	<p>Heart—Small. Large ante-mortem clot in ventricles. Valves normal.</p> <p>Lungs—Right, pleura very adherent at apex. Many tubercular nodules in upper lobe. Areas of consolidation. Softening and pus. Left, pleura adherent all over lung. Lung soft, cheesy mass with large cavities.</p> <p>Liver—Cut section nutmeg.</p> <p>Mesentery—Many large nodules.</p> <p>Spleen—Consistence firm. Increased in connective tissue. Congested.</p> <p>Kidneys—Capsule thickened. Adherent. Leaves roughened surface. Cortex some thickened. Markings distinct.</p>	Normal.
	<i>Dementia, terminal.</i>	
304	<p>Heart—Hypertrophied. Right auricle dilated. Right auriculo-ventricular opening much enlarged. Left ventricular wall much hypertrophied. Coronary arteries—Sclerotic.</p> <p>Lungs—At apices, cicatricial. Remains of old tubercles. Pleura adherent.</p> <p>Kidneys—Cortex thickened. Markings indistinct. Several small cysts in cortex. Capsule adherent.</p> <p>Spleen—Connective tissue in excess.</p>	Thickened.
	<i>Paranoia.</i>	
296	<p>Pericardium—Thickened. Roughened. Contains excess fluid.</p> <p>Heart—External surface rough, studded with miliary elevations. Yellow in color. Muscle pale and soft. Large ante-mortem clots in ventricles. Left ventricle hypertrophied. Aortic valve has atheromatous areas.</p> <p>Pleura—Adherent at apices. Cavity contains fluid.</p> <p>Lungs—Hypostatic pneumonia. Consolidated apex. Old tubercular nodules. Glands enlarged.</p> <p>Liver—Pale. Fatty. Consistence diminished. Capsule strips easily. On left lobe are many well-formed crosses and circles.</p> <p>Spleen—Small. Consistence diminished. Congested. Capsule adherent, lies in folds.</p> <p>Kidneys—Pale. Markings indistinct. Capsule thickened. Adherent. Cortex thin. Cysts in cortex and in substance.</p> <p>Appendix—Full of pus. Thickened.</p> <p>Peritoneal cavity—Full of pus.</p> <p>Intestines—Congested. Covered with flakes.</p> <p>Peritoneum—Roughened. Adherent to intestines. Congested.</p>	Normal thickness. Diploe indistinct. Pacchionian depressions well marked over motor region.
	<i>Dementia senile.</i>	
301	<p>Heart—Muscle dark red. Aortic valves thickened and calcareous areas. Atheroma of aorta.</p> <p>Lungs—Anthracosis. Fibrous. Congested.</p> <p>Liver—Contracted. Edges sharp. Consistence increased. Congested. Capsule adherent.</p> <p>Spleen—Lobulated. Consistence increased.</p> <p>Kidneys—Contracted. Lobulated. Capsule thickened and adherent. Cortex thin. Cysts in cortex. Markings indistinct. Acute congestion.</p>	Thin.

## II.—Continued.

BRAIN MEMBRANE	GROSS APPEARANCE OF BRAIN.			
	<i>Weight.</i>	<i>Consistence.</i>	<i>Blood Supply.</i>	<i>Other Conditions.</i>
Not examined.				Not examined.
Dura anemic, adherent, thickened. Pia adherent, opaque, thickened.	Grms., 1,255.	Diminished.	Congested.	Convulsions atrophied. Cortex thin. Localized softening. Ventricles dilated. Ependyma thickened.
Dura thickened and adherent to calvarium. Pia opaque.	Grms., 1,400.	Diminished.	Congested.	Convulsions coarse and flattened. Excess of cerebro-spinal fluid. Vessels, at base, tortuous and atheromatous.
Dura thickened, roughened. Vessels well filled. Pia adherent, thickened, opaque, congested.	Grms., 1,155.	Normal.	Congested.	Convulsions not well formed. Cortex thin. Ependyma thickened. Thickened areas in vessels at base. Circle of Willis intact. Sinuses partly closed.
Dura thickened, adherent to skull and brain substance. Pia congested, opaque, adherent.	Grms., 1,300.	Normal.	Congested.	Convulsions atrophied, especially frontal. Cortex thin. Ependyma roughened. Excess cerebro-spinal fluid. Post-mortem clots in petrosal and lateral sinuses.



## CLINICAL LABORATORY WORK.

I am convinced that the best work that can be done in a pathological laboratory of a hospital for the insane is that of physiological chemistry, chemical pathology, clinical microscopy and bacteriological investigation.

By these methods we can make a thorough and scientific study of our patients, and later note improvement or progress of the disease.

Together with an occasional autopsy upon those where complete clinical laboratory and bedside records have been systematically kept, we can further corroborate and follow up our chemical, clinical and bedside findings. In this way the work becomes interesting and valuable.

Since the establishment of the laboratory there has been a gradual increase in the chemical and clinical microscopical work of the laboratory. Each year more work is demanded from this department to aid in the diagnosis and treatment of the patients in the Hospital.

During the year there has been an increase of work in all departments. Seven hundred and seventy-six urinalyses were made. In each a chemical and microscopical examination was made.

The crystals of the oxalate of lime were present in 40 per cent. of all specimens examined, patients of acute melancholia showing 18 per cent., acute mania 12 per cent. and other forms of mental diseases 10 per cent.

Many patients of acute melancholia and mania have had albuminuria without the presence of casts.

Some time has been given to the study of the "purin bodies" in the urine, which will be published at a future date.

**TABLE III.**

**Showing Form of Mental Disease of Those Having Nephritis on Admission.**

<i>Form.</i>	<i>Number.</i>
Melancholia, acute .....	20
Melancholia, chronic.....	8
Melancholia, agitata.....	3
Mania, acute.....	15
Mania, chronic.....	3
Mania, recurrent.....	3
Mania, toxic alcoholic .....	5
Morphomania.....	4
Adolescent insanity.....	3
Puerperal insanity .....	1
Epilepsy.....	3
Imbecility .....	2
Idiocy.....	1
Paranoia .....	2
Paresia .....	15
Dementia, primary .....	1
Dementia, organic.....	4
Dementia terminal.....	2
Dementia, senile .....	15
Total .....	110

**TABLE IV.**

**Showing Age of Those Having Nephritis on Admission.**

<i>Age.</i>	<i>Number.</i>
Under twenty years.....	2
Twenty to thirty years.....	11
Thirty to forty years.....	14
Forty to fifty years .....	35
Fifty to sixty years.....	23
Sixty to seventy years.....	15
Over seventy years.....	10
Total .....	110

Thirty-five specimens were examined for the Klebs-Loeffler bacillus; in all, the fresh swab as well as blood serum cultures of different hours' growth have been examined. Thirty-two were negative, 3 positive.

To determine as to the presence of the tubercle bacilli, 96 specimens were examined. In 70 the results were negative and 26 positive.

For diagnosis 8 tumors were examined ; 28 specimens of pus ; 4 of fluid and 1 hydatid cyst in which the hooklets were present.

Analysis of stomach contents of patients have shown that in acute melancholia the quantity of hydrochloric acid was diminished, while in acute mania it is increased.

#### BLOOD EXAMINATIONS.

One hundred and one specimens have been examined for plasmodium malarie. Eighty were negative, 21 positive. In 3 cases of pronounced infection, the leucocytes were from 10,000 to 12,000 per cu. m. m.

Twenty-eight Widal reactions have been done. Of these 26 were negative, 2 positive.

One hundred and eighteen blood counts have been made. In every instance several separate fields have been counted. Many included a differential count.

In nearly every instance of acute mania and melancholia, the hæmoglobin was reduced. The number of red cells have varied slightly from the normal.

The differential count of 8 cases of acute mania and 10 of acute melancholia appears as follows :

	<i>Mania, acute.</i>	<i>Melancholia, acute.</i>
Lymphocytes { Small.....	19.4 .....	20.
{ Large .....	12.7 .....	11.7
Polynuclear .....	56.5 .....	57.
Transitional .....	8.9 .....	8.3
Eosinophile .....	2.2 .....	2.6
"Mast cells" .....	.3 .....	.4

#### IMPROVEMENTS IN LABORATORY.

The equipment, during the year, of the laboratory with new chemical and microscopical tables, large chemical hood, cabinets for chemicals, instruments and a complete card index and verti-

cal file system for the keeping and indexing of the laboratory records which, with the following new and modern instruments of precision, has added greatly to our facilities :

Carl Zeiss photo-micrographic microscope, complete, with full set of Zeiss apochromatic objectives, compensating oculars and planar lenses for photographing large sections.

Complete electrical photo-micrographic and projection outfit. Large spectroscope. Polariscopes. Analytical balance. Large board of health bacteriological incubator and sterilizers. Hot-air ovens. Water bath. Paraffine oven and bath. Autoclave. Electrical and water motor centrifuges. Complete Kjeldahl's nitrogen apparatus. Bardeen freezing microtome. Minot rotary microtome for paraffine sections. Minot large precisions microtome for cellodine sections. Guddin brain microtome for making sections of full size brain. Dissecting microscope. Two microscopes for clinical microscopy. Blood, urinalysis and bacteriological instruments.

A new office desk, sectional book-cases and about fifty of the latest pathological books which have been added to the pathological library are a source of much gratification.

In conclusion, I wish to acknowledge my indebtedness to you, to the various members of the staff and to Mr. Frode Heiman for much assistance in my work during the year.

Respectfully submitted,

H. A. COSSITT.







NEW BOWLING ALLEYS

## DONATIONS.

---

The following is a list of the newspapers which have been sent regularly to the Hospital gratuitously, and are always welcome and appreciated :

The Observer.....	Hoboken.
The Jersey City News.....	Jersey City.
The Evening Journal.....	Jersey City.
The New Jersey Staats Zeitung.....	Jersey City.
The Evening News.....	Hoboken.
The Bayonne Budget.....	Bayonne.
The Kearny Observer.....	Kearny and Arlington.
Hudson County Review.....	Town of Union.
Hunterdon County Democrat.....	Flemington.
Hunterdon Independent.....	Frenchtown.
The Clinton Democrat.....	Clinton.
The Lambertville Record.....	Lambertville.
The Newark Sunday Call.....	Newark.
Town Talk.....	Newark.
New Jersey Trade Review.....	Newark.
New Jersey Deutsche Zeitung.....	Newark.
Newark Evening News.....	Newark.
South Orange Bulletin.....	South Orange.
The Republican.....	Westfield.
The Railroad Employe.....	Hoboken.
Daily True American.....	Trenton.
Union Democrat.....	Rahway.
Der Haus-Freund.....	Elizabeth.
Evening Record.....	Hackensack.
Newark Tribune.....	Newark.
Newark Pioneer.....	Newark.
The Bloomfield Record.....	Bloomfield.
The Bloomfield Citizen.....	Bloomfield.
The Newark Item.....	Newark.
The Orange Journal.....	Orange.
Orange Sontagsblatt.....	Orange.
The Short Hills Item.....	Short Hills.
The Advance.....	Jamesburg.
Southwestern Presbyterian.....	New Orleans, La.
Paterson Volksfreund.....	Paterson.



De Telegraaf.....	Paterson.
Paterson Evening News.....	Paterson.
Passaic Daily News.....	Passaic.
Passaic City Record.....	Passaic.
The Union County Standard.....	Westfield.
The Westfield Leader.....	Westfield.
The Constitutionalist.....	Plainfield.
The Daily Press.....	Plainfield.
The Summit Herald.....	Summit.
The Summit Record.....	Summit.
Elizabeth Daily Journal.....	Elizabeth.
Union County Record.....	Elizabeth.
Freie Press.....	Elizabeth.
The New Jersey Advocate.....	Rahway.
The Hackensack Republican.....	Hackensack.
The Bergen County Index.....	Hackensack.
The Englewood Times.....	Englewood.
Bergen County Herald.....	Rutherford.
Carlstadt Freie Press.....	Carlstadt.
Hunterdon Republican.....	Flemington.
Democrat-Advertiser.....	Flemington.
The Milford Leader.....	Milford.
The Frenchtown Star.....	Frenchtown.
The Morris County Chronicle.....	Morristown.
The True Democratic Banner.....	Morristown.
The Evening Express.....	Morristown.
The Jerseyman.....	Morristown.
The Iron Era.....	Dover.
The Dover Index.....	Dover.
The Morris Journal.....	Dover.
The Madison Eagle.....	Madison.
The Rockaway Record.....	Rockaway.
The Boonton Weekly Journal.....	Boonton.
The New Jersey Herald.....	Newton.
The Post.....	Phillipsburg.
The Warren Democrat.....	Phillipsburg.
The Warren Republican.....	Hackettstown.
The Warren Journal.....	Belvidere.
The Warren Tidings.....	Washington.
The Washington Star.....	Washington.
The Morning Call.....	Paterson.
The Paterson Daily Press.....	Paterson.
Paterson Daily Guardian.....	Paterson.

---

---

## TREASUREK'S REPORT.

---

---

(85)



## TREASURER'S REPORT.

---

*To the Managers of the New Jersey State Hospital at Morris Plains, N. J. :*

GENTLEMEN—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1902, to October 31st, 1903, inclusive :

<i>Receipts.</i>	
Balance on hand November 1st, 1902.....	\$2,491 42
From State Treasurer for convict patients.....	\$19,137 85
State Treasurer for county patients.....	141,456 31
State Treasurer for State indigent patients.....	40,215 07
Sundry counties for maintenance of county patients.....	128,124 83
Private patients.....	62,530 78
Hides, tallow, &c.....	14,272 42
First National Bank, Morristown, N. J., for interest.....	168 03
M. K. Everitt, loan.....	4,0 0 00
	409,904 74
	\$412,396 16
<i>Disbursements.</i>	
On orders of Warden.....	\$411,189 15
Balance in Treasurer's hands.....	1,206 91
	\$412,396 16

G. C. HINCHMAN,  
*Treasurer.*

THE NEW JERSEY STATE HOSPITAL AT  
MORRIS PLAINS, November 12th, 1903.

We hereby certify that we have examined the Treasurer's accounts and compared the same with his books and vouchers and find them in accordance with the above statement and correctly stated and balanced.

JOHN C. EISLE,  
JOHN A. McBRIDE,  
*Auditing Committee.*  
(87)

*Recapitulation.*

<b>State Treasurer, convict patients—</b>			
First quarter.....	\$2,104 28		
Second quarter.....	\$4,185 00		
	4,243 57		
		8,428 57	
Third quarter.....		4,250 00	
Fourth quarter.....		4,355 00	
			\$19,137 85
<b>State Treasurer, county patients—</b>			
First quarter.....	\$2,474 29		
	27,324 29		
	25,321 42		
		55,120 00	
Third quarter.....	\$27,824 58		
	2,153 15		
	28,349 43		
		58,327 16	
Fourth quarter.....		28,009 15	
			141,456 31
<b>State Treasurer, indigent patients—</b>			
First quarter.....	\$5,436 00		
	7,515 88		
		12,951 88	
Second quarter.....		7,881 10	
Third quarter.....	\$8,284 86		
	8,957 25		
		17,242 11	
Fourth quarter.....		2,139 98	
			40,215 07
<b>County collectors—</b>			
First quarter.....	\$28,629 50		
Second quarter.....	22,416 53		
Third quarter.....	53,735 76		
Fourth quarter.....	23,342 54		
			128,124 33
<b>Private patients—</b>			
First quarter.....	\$12,350 47		
Second quarter.....	17,778 41		
Third quarter.....	14,282 72		
Fourth quarter.....	18,119 18		
			62,530 73
<b>Hides, tallow, &amp;c—</b>			
First quarter.....	\$4,426 48		
Second quarter.....	2,176 24		
Third quarter.....	4,072 46		
Fourth quarter.....	3,597 29		
			14,272 42



FLOWER EXHIBIT, FRONT ENTRANCE, ADMINISTRATION BUILDING



**Interest—**

First quarter.....	\$100 93	
Third quarter.....	67 10	
	<hr/>	\$168 03

**M. K. Everitt, loan—**

Fourth quarter.....		4,000 00
---------------------	--	----------

**Orders paid—**

First quarter.....	\$107,352 98	
Second quarter.....	68,458 23	
Third quarter.....	113,121 75	
Fourth quarter.....	122,256 24	
	<hr/>	\$411,189 25





---

---

## WARDEN'S REPORT.

---

---

(91)



## WARDEN'S REPORT.

---

*To the Board of Managers of The New Jersey State Hospital at  
Morris Plains :*

GENTLEMEN—I have the honor to present the annual report of my department for the year 1903, together with an abstract of accounts.

The receipts and disbursements for the year have been as follows :

Balance on hand November 1st, 1902.....	\$2,491 42	
Receipts from November 1st, 1902, to October 31st, 1903..	409,904 74	
	<hr/>	\$412,396 16
Total disbursements from November 1st, 1902, to October 31st, 1903...	411,189 25	
	<hr/>	
Cash balance on hand October 31st, 1903.....		\$1,206 91

### STATEMENT OF RESOURCES AND LIABILITIES.

October 31st, 1903.

<i>Resources.</i>		
Balance in hands of Treasurer.....	\$1,206 91	
Due from Bergen county.....	3,876 17	
Due from Hudson county.....	498 37	
Due from Hunterdon county.....	1,819 03	
Due from Passaic county.....	8,609 20	
Due from Sussex county.....	1,423 71	
Due from State Treasurer for county patients.....	9,336 38	
Due from State Treasurer for convict patients .....	1,482 86	
Due from State Treasurer for indigent patients.....	9,329 15	
Due from private patients.....	11,263 82	
Due from Sailors' Snug Harbor.....	637 26	
Due from petty expense account.....	398 83	
Due for clothing.....	12,925 73	
Due for hides, &c.....	401 90	
Due for tar, &c.....	725 60	
	<hr/>	\$63,984 92
		(98)

*Liabilities.*

Bills payable.....	\$49,752 10	
Pay-roll for October.....	9,040 32	
Private patients paid beyond October 31st.....	6,825 35	
County patients paid beyond October 31st.....	2,368 61	
Amount bills rendered counties, not yet earned.....	2,277 85	
Amount rendered private patients, not yet earned.....	2,279 66	
Unclaimed wages, vouchers on which payment was stopped, patients' unclaimed moneys.....	255 95	
Excess liabilities above resources.....	\$8,864 92	
	<hr/>	
	\$72,799 84	\$72,799 84

Your Honorable Board will notice that at the close of the fiscal year, the liabilities exceeded the resources \$8,864.92.

If the Legislature had appropriated \$4 per week (as required for the support of State indigent patients, instead of appropriating \$3 per week) this condition would not exist, as the difference of \$1 per week for this class of patients amounts to \$9,973.28 for the year. If I understand the law correctly, you are authorized to fix the price for maintenance of *all indigent* patients, which price shall not exceed \$4 per week. This you did, fixing the price for support of all indigent patients at \$4 per week. It would seem that the State indigent, as well as the county indigent patients, should be included in the term "all indigent patients." The Legislature allowed \$4 per week for the support of State indigent patients prior to 1900. The rate was then reduced to \$3 per week, although the law makes no apparent distinction between this class of patients and the county indigent patients, and the resolution of your Board fixes the same price for both classes, and there is no difference in the cost of maintaining each.

The number of State indigent patients at the close of the fiscal year ending October 31st, 1895, was 3; 1896, 19; 1897, 41; 1898, 77; 1899, 90; 1900, 116; 1901, 144; 1902, 172; 1903, 199; showing a rapid increase in this class of patients, and the indication is that the number will continue to increase each year at the same ratio.

I would suggest that the Legislature be asked to make good this deficiency and to direct that all State and county bills be made up and rendered quarterly in advance and be paid within





thirty days of the date of bills. This would enable the Hospital to pay its bills promptly and get the advantage of the discounts obtained for spot cash.

The county bills have always been made up quarterly in advance, but as a rule they are not paid until nearly the end of quarter. The State's bills have been made up at the end of the quarter, and at times it is two weeks or more before they are paid. The county bills amount to \$33,000, and the State, \$41,000; a total of \$74,000 per quarter.

The prices of supplies of every kind have advanced 15 per cent., and, as I have stated in my former report, the opening and running of the new building has increased very materially the cost of maintenance.

#### DAIRY-BARN.

A supply of pure milk adequate to the needs of the patients, properly cooled and bottled so that it can be delivered to the wards in proper condition, free from contamination, is one of the very important and necessary requirements. The only way to secure this is to provide a dairy-house where the milk can be so prepared. With the constant increase in number of patients more milk is needed, and to provide this more room at the dairy is required. In my last annual report I asked for an appropriation for building an addition to the dairy-barn. I said then that one of the open sheds had been fixed up to accommodate cattle. It is now necessary to provide still further room for stabling. The addition asked for is 48 x 64 feet. I again renew my recommendation for building a dairy-house with improved appliances for cooling, bottling and caring for the milk. Appropriation asked for these two items was—

Addition to barn.....	\$5,000 00
Dairy-house .....	4,000 00

The Legislature appropriated \$3,000 for addition to dairy-barn, instead of the \$5,000 asked for, and it was found on re-estimating the cost for the extension that the amount asked for, viz.,



\$5,000, was too small; that it would cost \$6,000, and your Honorable Board thought best not to spend the amount appropriated as it would not be sufficient to complete the work, consequently the appropriation lapsed.

#### GROUNDS AND GRADING.

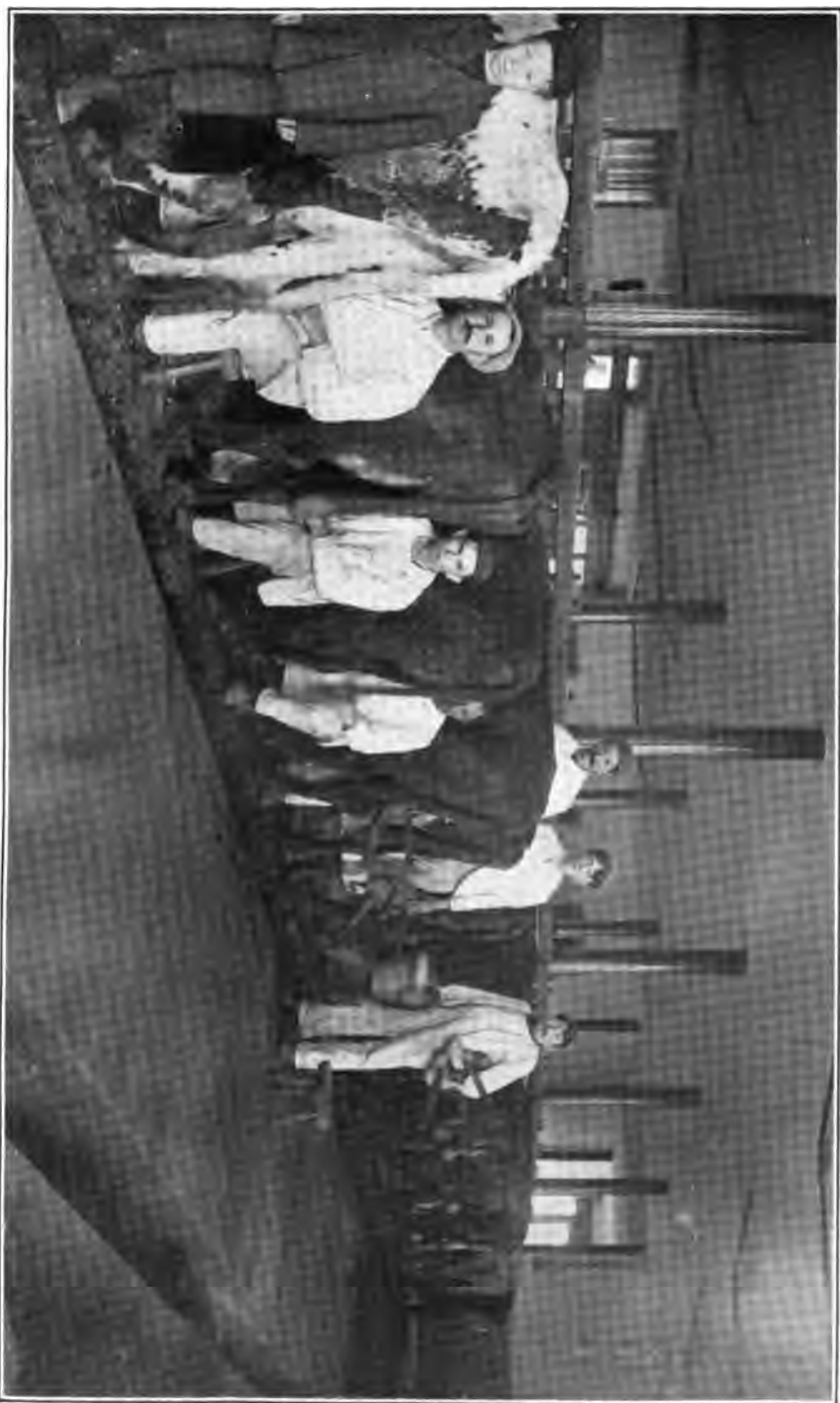
I again call your attention to the grading of the grounds around the new building. Some patients, detailed by the Medical Director, have been at work on the grounds in front of the building. The work is necessarily slow owing to the limited number of men available, and comparatively very little can be accomplished by this method. As I said in my annual report of last year, it would seem advisable to ask the Legislature to appropriate sufficient money to complete the grading, put down walks, so that tree planting would then be begun. The longer the planting of the trees is delayed, the longer must it be until the grounds are finally completed. Trees grow but slowly, and it is important to have them planted soon.

#### SEWAGE.

The system of sewage disposal has been improved and enlarged during the past year on lines suggested by Prof. Charles McMillan, and the results have been very satisfactory.

#### LAUNDRY.

In my report of last year, among other recommendations, I called attention to the pressing need of more room at the laundry, to make it possible to handle the large and constantly increasing amount of work. The added number of patients each year means more clothing, linen, &c., to be taken care of, which necessitates additional help in the laundry. To do the work well, promptly and economically, proper space should be provided, so that the machinery now in use and the additional



MILKING



machinery required may be properly placed and the employes work to good advantage. Under the existing conditions this is impossible.

I regard this one of the most needed improvements. The work has grown entirely beyond the capacity of the present plant, and enlargement of the plant cannot be made in the space at our disposal in the present quarters. The work will continue to increase from year to year. The plant was constructed to perform the work for 1,000 persons. The population of the buildings—patients and employes—who have the use of the laundry is now upwards of 1,800.

#### RESERVOIRS.

The supply of water during the past year, fortunately, was ample, as a result of frequent heavy rains. Had it been a dry season great inconvenience would have resulted, for the storage capacity is sufficient to retain only a small reserve supply. The enlarging of the reservoir, known as the ice pond, would be the most practical and economical, the condition being such that the work could be done quickly and well. A liberal supply of water at all times is of vital importance to the Hospital. I again recommend that the ice-pond reservoir be enlarged to double the present capacity in area. By raising the dam eight feet, an increase in the storage capacity from 10,000,000 to 25,000,000 gallons would be secured. The present dam is constructed of dirt, and causes great anxiety when the water is high. In case of a break in the dam, the damage to property situated below the Hospital grounds would be serious. The present dam should be reinforced with a concrete core, to be built immediately below and contiguous to the present dirt dam.

#### SLAUGHTER-HOUSE.

I again renew my recommendation for a new slaughter and cold storage-house. The present slaughter-house is an old building past repair. It will be necessary to maintain a slaughter-

house on the premises even if the beef supply in the future should be purchased by the carcass, as there will always be stock on the farm to be slaughtered.

I have changed my views somewhat, in this matter, since the last annual report, and believe that we could get the best results by having the building constructed so that all the meat could be cut at the slaughter-house and brought in the building as needed.

#### STORE-HOUSE.

I again call your attention to the need of storerooms, in the rear of the boiler-house, so that all the supplies for both the main building and annex can be unloaded direct from the cars into such storerooms. This would save a great cost in handling freight, and the articles would be at a central point for distribution. All supplies would also be under closer supervision of the storekeeper.

We should have a storehouse independent of the main Hospital building. In this particular we are far behind the well-equipped State Hospitals in other states. In the construction of the building no provision for storing supplies was made. We are now, for storeroom purposes, occupying rooms intended for other important uses, and totally unfit for storing and distributing the supplies of a large institution. The interests of economy and methodical administration demand the construction of a storehouse adequate to the needs of the Hospital. Such a building as is contemplated would provide, in the third story, a room ample for storing the trunks, valises, satchels, &c., of the more than 1,500 patients now in the Hospital. These belongings are at present stored in the damp basement where they become seriously damaged, and if kept there for a protracted period, are made useless.

#### ELEVATOR.

Last year we asked for an appropriation for an elevator at the administration building. The appropriation was granted but the amount appropriated was not sufficient for the purpose, and



ICE POND AND HOUSE



your Honorable Board concluded not to avail themselves of it, consequently the appropriation elapsed. We also asked for an appropriation for the enlargement and new equipment of the bakery. No appropriation was made for bakery improvements.

I renew my recommendation for each of the items above.

#### ANNUAL APPRAISEMENT.

The annual inventory and appraisal was taken as usual. Mr. John Naughton and Mr. James S. Adams, of Morristown, were appointed to assist in this work, and we are indebted to them for their valuable services. The total appraisal of the personal property amounted to \$217,408.34.

#### REQUIREMENTS.

The following is an approximate estimate of the amounts of money required from the State, for the subjects herein mentioned, for the fiscal year ending October 31st, 1905 :

For the annual appraisal.....	\$75 00	
For the salaries of resident officers.....	14,550 00	
For the maintenance of county patients, based on an average of 1,206 county patients for the year.....	125,424 00	
For the support and clothing of insane convict patients, based on an average of 75 convict patients for the year—		
Maintenance .....	\$19,500 00	
Clothing .....	1,152 00	
	<u>20,652 00</u>	
For the support and clothing of State indigent patients, based on an average of 300 State indigent patients for the year, at \$4 per week—		
Maintenance.....	\$62,400 00	
Clothing.....	3,888 00	
	<u>66,288 00</u>	
		<u>\$226,989 00</u>

In addition to the requirements, it will be necessary for the Legislature to provide for the following item so that it may be available during the year 1904, viz.:

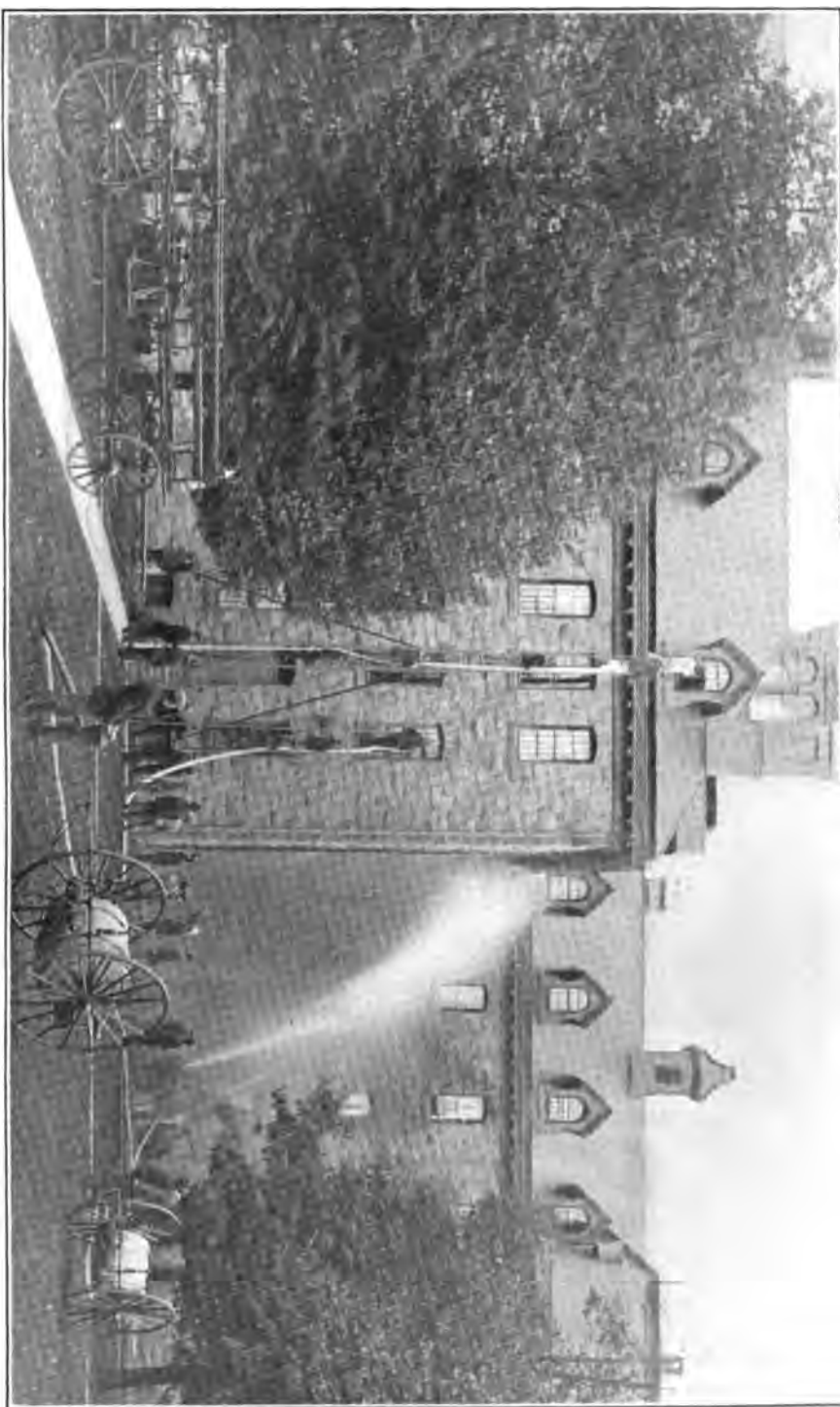


Support State indigent patients for 1903, at \$4 per week.....	\$39,893 14
Clothing furnished.....	<u>4,044 88</u>
Total.....	\$43,938 02
Appropriation.....	<u>30,100 00</u>
Deficiency.....	\$13,838 02

Respectfully submitted,

M. K. EVERITT,

Warden.



FIRE DRILL



# ABSTRACT OF ACCOUNTS.

For the Fiscal Year Ending October 31st, 1903.

G. C. HINCHMAN, *Treasurer.*

## *Dr.*

To balance, October 31st, 1902 .....	\$2,491 42	
To amount received for board, clothing and incidental expenses of county patients.....	128,124 33	
To amount received for board, clothing and incidental expenses of private patients.....	62,530 73	
To amount received from State Treasurer for county patients.....	141,456 31	
To amount received from State Treasurer for convict patients.....	19,137 85	
To amount received from State Treasurer for indigent patients.....	40,215 07	
To amount received from M. K. Everitt loan.....	4,000 00	
To amount received for hides, tallow, &c. ....	7,341 31	
To amount received for sundries, rags, &c .....	2,633 58	
To amount received for hogs and pigs.....	4,183 53	
To amount received for rents.....	114 00	
To amount received for interest.....	168 03	
		<u>\$412,396 16</u>

## *Disbursements.*

Amusements.....	\$697 03
Beef .....	25,184 46
Blank-books, stationery, printing and office supplies....	1,272 88
Bedding, linen, &c.....	10,454 46
Clerical services.....	499 50
Clothing (suits, dresses, underwear, shoes).....	23,252 33
Coach stable.....	3,284 49
Crockery and cutlery.....	1,583 49
Dairy (includes stock, feed, labor).....	14,998 79
Electrical wages and supplies.....	782 70
Farm .....	8,920 66
Fire apparatus .....	321 00
Flour.....	8,072 87
Freight and train service.....	9,663 59
Fruit and vegetables. ....	1,921 08

(101)

Fuel.....	\$22,184 88
Furniture, carpets, &c.....	4,192 51
Garden .....	7,320 67
Greenhouse.....	1,386 94
Grounds.....	1,131 70
Grading.....	1,822 34
Harness, wagons, &c.....	191 35
Household goods and supplies.....	9,821 84
Ice pond.....	263 95
Improvement of buildings.....	1,128 03
Improvement of farm lands.....	1,053 07
Incidentals.....	2,993 69
Insurance.....	1,827 56
Laundry .....	9,196 25
Light.....	6,392 06
Medical library.....	351 41
Medical supplies.....	8,732 28
Newspapers .....	96 30
Oil .....	1,054 37
Pathological.....	397 07
Postage .....	635 36
Petty current expenses.....	1,000 00
Provisions and groceries.....	110,562 02
Plumbing and gas-fitting.....	4,124 90
Railroad repairs.....	518 73
Refunding.....	1,769 12
Repairs to buildings.....	11,898 16
Smith and wheelwright.....	1,791 81
Stock.....	1,853 90
Sewers.....	995 13
Sewage disposal.....	2,132 05
Telegrams, telephone rental, &c.....	982 06
Tinware and fixtures.....	1,469 81
Tools, supplies and repairs.....	11,480 47
Undertakers' charges.....	1,505 00
Ward supplies.....	552 67
Wages.....	61,470 88
M. K. Everitt loan.....	4,000 00

---

 \$411,189 25

Balance in hands of Treasurer .....

\$1,206 91

# APPENDIX TO WARDEN'S REPORT.

## FARM AND GARDEN PRODUCTS.

326,155 Quarts milk (average number of cows milked, 88; average per cow, 10.12 quarts per day), at 5 cents .....	\$16,307 75
2,542 Dozen eggs, at 26 cents. ....	660 92
240 Tons of hay, at \$20. ....	4,800 00
18 Tons of rye straw, at \$15.. ....	270 00
425 Bushels rye, at 65 cents. ....	276 25
200 Bushels winter apples, at 65 cents .....	130 00
168 Bushels windfall apples, at 25 cents.....	42 00
230 Bushels cider apples, at 10 cents.....	23 00
7 Bushels crab apples, at 50 cents.....	3 50
	<hr/>
	\$22,513 42

### Stock.

5,930 Pounds of veal (41 calves), at 11 cents.....	652 30
897 Pounds of poultry, at 16 cents.....	143 52
82 Cows slaughtered; dressed, 50.275 pounds, at 7 cents.....	3,519 25
Amount received for hogs sold .....	4,183 53
	<hr/>
	\$31,012 02

### Garden.

2 000 Bushels tomatoes, at 80 cents.....	\$1,600 00
2,100 Bushels potatoes, at 65 cents.....	1,365 00
350 Bushels carrots, at 55 cents.....	192 50
200 Bushels parsnips, at 55 cents .....	110 00
700 Bushels beets, at 65 cents.....	455 00
2,000 Bushels mangel wurzel, at 35 cents .....	700 00
700 Bushels white turnips, at 40 cents.....	280 00
600 Bushels rutabaga turnips, at 50 cents.....	300 00
150 Bushels onions, at 75 cents.....	112 50
10 Bushels onion sets, at \$3.....	30 00
150 Bushels apples, at 60 cents.....	90 00
75 Bushels cider apples, at 15 cents.. ....	11 25
600 Bushels spinach, at 45 cents. ....	270 00
800 Bushels kale, at 40 cents.....	320 00
600 Bushels bush beans, at 80 cents .....	480 00
30 Bushels lima beans, at \$1.25.....	37 50
400 Bushels peas, at \$1.....	400 00

50 Bushels cucumbers, at 80 cents .....	\$40 00
10 Bushels cucumber pickles, at \$1.50 .....	15 00
50 Bushels horseradish, at \$1.25... ..	62 50
100 Bushels squash, at 50 cents .....	50 00
45,000 Heads celery, at 3 cents .....	1,350 00
22,000 Heads cabbage, at 5 cents.....	1,100 00
21,000 Heads lettuce, at 2 cents ..	420 00
60,000 Bunches green onions, at 2 cents.....	1,200 00
65,000 Bunches radishes, at 2 cents .....	1,300 00
2,000 Bunches carrots (soup), at 3 cents.....	60 00
100 Bunches celery (soup), at 5 cents.....	5 00
18,000 Bunches asparagus, at 10 cents .....	1,800 00
21,000 Bunches rhubarb, at 5 cents .....	1,050 00
2,000 Bunches parsley, at 4 cents .....	80 00
1,500 Bunches leeks, at 4 cents .....	60 00
200 Bunches sage, at 5 cents .....	10 00
100 Bunches thyme, at 5 cents. ....	5 00
100 Bunches savory, at 5 cents.....	5 00
100 Bunches sweet marjoram, at 5 cents..	5 00
100 Bunches chive, at 10 cents .....	10 00
250 Baskets grapes, at 50 cents .....	125 00
25 Baskets pears (Kieffer), at 50 cents.....	12 50
10 Baskets pears (Sickel), at 50 cents.....	5 00
20,000 Ears sweet corn, at 2 cents.....	400 00
1,500 Bundles cornstalks, at 5 cents .....	75 00
25 Cheese pumpkins, at 10 cents.....	2 50
1,000 Peppers, at 1 cent .....	10 00
1,200 Quarts strawberries, at 10 cents..	120 00
1,000 Quarts raspberries, at 10 cents. ....	100 00
400 Quarts blackberries, at 10 cents .....	40 00
850 Quarts currants, at 10 cents.. ..	85 00

---

\$16,356 25

## RETURN OF WORK DONE IN MATTRESS-ROOM AND SHOE-SHOP.

Single hair mattresses made, new .....	157
Double hair mattresses made, new. ....	10
Single hair mattresses made over.....	1,391
Double hair mattresses made over.....	6
Hair pillows made, new.....	266
Hair pillows made over.....	2,047
Feather pillows made.....	82
Single mattress ticks made .....	152
Double mattress ticks made.....	15
Pillow ticks made.....	385
Sofa pillows made.....	59
Chair cushions made .....	6
Pieces of furniture upholstered.....	194
Large hall carpet made.....	1
Corridor carpets made.....	3
Parlor carpets made.. ..	2
Room carpets made, new.....	35
Room carpets made over.....	25
Carpets taken up .....	189
Carpets laid.....	186
Carpets repaired .....	98
Rooms laid with linoleum.....	2
Bed protectors made.....	435
Bed protectors repaired .....	124
Suspenders made, pairs .....	591
Window shades made .....	149
Window shades repaired.....	518
Long curtains hung, pairs .....	58
Chairs caned.....	166
Settees caned.....	7
Hassocks made.....	9
Carpet door-mats made .....	14
Yards of carpet bound and hemmed .....	116
Mattress ticks repaired. ....	310
Ticking mits for bakery and gas-house made, pairs .....	124
Pieces of harness made .....	39
Pieces of harness repaired... ..	186
Horse blankets repaired .....	19
Awnings put up.....	32
Awnings taken down .....	32
Mosquito netting put up in windows.....	180
Mangle aprons made.....	2
Mangle aprons repaired .....	6
Boots, shoes and slippers repaired .....	1,253



## REPORT OF WORK DONE IN SEWING-ROOM.

Year ending October 31st, 1903.

Sheets, single.....	3,252
Sheets, double .....	92
Pillow cases .....	3,677
Bolster cases.....	18
Towels, hand.....	5,323
Towels, dish.....	1,718
Towels, roller .....	1,166
Towels, drug-room.....	14
Towels, sounding.....	12
Petticoats .....	1,058
Drawers .....	1,542
Chemises.....	1,418
Night dresses.....	327
Table cloths hemmed .....	618
Napkins hemmed .....	950
Curtains made .....	566
Curtains altered.....	41
Curtain bands.....	590
Sash curtains made.....	16
Sash curtains stitched.....	6
Doilies .....	12
Blankets hemmed.....	300
Corset waists.....	12
Infants' night dresses.....	6
Infants' petticoats.....	6
Night shirts .....	36
Aprons, kitchen.....	164
Aprons, waiter.....	120
Aprons, infirmary .....	24
Aprons, barber.....	6
Burial robes .....	52
Burial sheets.....	52
Burial chemises.....	52
Burial petticoats .....	52
Dresses, regulation .....	1,491
Dresses altered.....	20
Nurses' dresses.....	45
Nurses' straps, pairs .....	51
Nurses' aprons .....	45
Strong dresses .....	32
Drop skirt, goods furnished.....	1
Suits made, goods furnished.....	31
Waists made, goods furnished.....	24
Wrappers made.....	30
Wrappers altered.....	3
Coats altered.....	5
Sailor suits .....	8
Shirtwaist suits.....	175
Waists altered.....	8
<b>Total .....</b>	<b>25,272</b>

## RETURN OF WORK DONE IN TIN-SHOP.

Tin pails.....	132
Pans for greenhouse.....	31
Diet cups.....	269
Diet cup covers.....	139
Milk pitchers.....	50
Signs for painters.....	90
Butter boxes.....	120
Bread pans.....	432
Rice pans.....	226
Biscuit pans.....	98
Wash basins.....	40
Spangles, fancy-dress ball.....	50
Drip pans, A. D. R.....	60
Sprinkling pots.....	8
Tea and coffeepots.....	16
Gas reflectors.....	26
Curtain guides.....	100
Curtain rods.....	28
Large steamers.....	12
Drinking cups.....	212
Bung covers.....	225
Water leader, feet.....	80
Egg beaters.....	34
Fruit cans.....	550
Other pieces as needed.....	380
Tinware repaired.....	1,846
Locks repaired.....	939
Knives and scissors sharpened.....	304
Keys fitted.....	164

## CUT FLOWERS.

Roses .....	28,000
Carnations.....	5,000
Chrysanthemums .....	2,000
Violets.....	150
Sweet Peas.....	20
Gladiolus .....	1,000
Roman Hyacinths.....	950
Daffodills .....	800
Tulips .....	600
Calla Lilies .....	250
Dahlias .....	2,000
Asters .....	1,800
Phlox .....	400
German Iris.....	1,500
Peonies.....	250
Scabiosa .....	500
Cosmos, Bunches. ....	85
Strings of Smilax.. ....	100
"    "    Asparagus.....	120

## POTTED PLANTS.

Cinerarias.....	150
Easter Lilies .....	250
Azalia.....	50
Calla Lilies.....	50
Caladiums.....	175
Crotons .....	250
Chrysanthemums.....	600
Begonias .....	100
Hyacinths.....	500
Daffodills .....	250
Geraniums .....	2,500
Colius .....	2,800
Single Petunias.....	300
Ageratum .....	350
Canna Indica. ....	600
Violet Plants.....	650
Carnation Plants .....	600
Salvia Plants.....	500
Pansy Plants.....	800
Forget-me-not .....	500
Daisy Plants .....	400
Abutilon .....	350
Spirea .....	50

## Requirements for the Admission of Patients to the State Hospital of New Jersey.

---

### PRIVATE PATIENTS.

The admission of a private or pay patient requires one written request for admission, signed by a near relative or the guardian of the patient, which need not be sworn to, the certificates of two physicians who have been in practice for at least five years; their signatures must be sworn to before a notary public or other proper officer of the law; a bond signed by two responsible property owners, one of which (preferably both) must be a resident of and own property in the State of New Jersey. It is not necessary that the bond be sworn to. (See forms appended.)

Thirteen (13) weeks' board and medical attendance must be paid for at the time of the admission of the patient, and quarterly, in advance thereafter.

The above requirements must be met before a patient can be admitted.

The rates range from five dollars (\$5) to fifty dollars (\$50) per week, which includes medical attendance, board, room and washing. No private patients are admitted for less than five dollars (\$5) per week. No patient not a resident of New Jersey will be admitted for less than ten dollars (\$10) per week.

### INDIGENT PATIENTS.

For the admission of indigent patients a request and the certificates of two physicians are required, as in the admission of private patients, differing in that the indigent papers have the word "*indigent*" in them, showing that the person whose admission is requested is believed to be without means of support and unable to pay for maintenance in the Hospital.

## HABITUAL DRUNKARDS.

The General Statutes of New Jersey, Vol. 2, page 1708, and P. L. 1881, page 236, provide for the commitment of habitual drunkards to a State Hospital for the Insane by proceedings before the Court of Chancery.

## GENERAL RULES.

The law of 1898 requires the certificates of two physicians to the insanity of a patient before his or her admission into any State Hospital of New Jersey can be secured, and these certificates to be valid shall bear date of no more than ten days prior to the commitment of the person named therein. If more than ten days elapse between the making of the certificates and the taking of the patient to the Hospital, the certificates become invalid, and new ones must be made out in order to secure the patient's commitment.

No visiting is allowed on Sundays. Visiting is limited to Mondays, Wednesdays, Fridays and legal holidays, from 10 A. M. to 4 P. M.

The above requirements are regulated by statute and the action of the Board of Managers, and cannot be changed by resident officers.

The forms of requests, certificates, bonds, &c., are appended. The Medical Director will supply blank commitment papers in response to application for them.

The person writing for papers should always mention the sex of the patient to be committed, and whether such patient is in indigent circumstances or able to pay for maintenance.

Communications and inquiries relative to patients should be addressed to the Medical Director, who will give them prompt attention.

When practicable, a visit to the institution and a personal interview with its officers previous to completing arrangements is advised

## FORMS.

### Request for Private Patient's Commitment to State Hospital for the Insane.

*To the Medical Director of The New Jersey State Hospital at Morris Plains :*

The undersigned, of....., in the county of....., and  
City or Town.  
State of....., being desirous of having....., an  
Full name of patient.  
insane person of the county of....., and State of....., com-  
mitted to and confined as a patient in the New Jersey State Hos-  
pital at Morris Plains, hereby requests the admission therein of  
the said....., for the purpose aforesaid. Said  
Full name of patient.  
.....was born at....., on....., resided  
Full name of patient. City or Town. Date of birth.  
at....., and is a.....  
State patient's residence with particularity. Profession, trade or  
..... The undersigned is a.....  
calling of patient. State degree of relation or  
.....of the said.....  
other circumstances of connection between patient Full name of patient.  
and person making request.

Dated....., 19....

Name of person making request.....

P. O. Address, .....

Street and number, .....

City, .....

County, .....

State, .....

(111)

**Certificate of Insanity of Patient by Physician Resident of New Jersey.**

I, ....., of ....., in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ..... and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past. I have made a personal examination of ....., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by ....., of ....., in said State, and I am of the opinion that the said ..... is insane and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or regularly professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, guardian or trustee of the said .....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said .....

1. Patient resides at ....., county of .....; age, ..... years; nativity (*if foreign, how long in U. S.*) ..... sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, .....; of mother, .....

3. Number of previous attacks, .....; present attack began ....., 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) .....

4. Was the present attack gradual or rapid in its onset? .....

5. What is the patient's general physical condition? .....

(*If afflicted with any infirmity or disease other than insanity, state it.*) .....

6. Is the patient cleanly or uncleanly in personal habits? .....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) .....

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)  
 .....

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)  
 .....

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:  
 .....

The following are the facts as to the insanity of the said..... upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):  
 .....

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):  
 .....

(3) Other facts perceived by me indicating insanity:  
 .....

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)  
 .....

....., Physician.

#### AFFIDAVIT.

State of New Jersey, county of..... ss.—..... being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

....., M.D.

Sworn to and subscribed before me this.....day of.....19..



**Certificate of Insanity of Patient by Physician Resident of  
New Jersey.**

I, ....., of....., in the county of....., and State of New Jersey, do hereby certify that I am a graduate of.....and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past: that I have made a personal examination of....., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by.....of..... in said State, and I am of the opinion that the said..... is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I near relative either by blood or marriage, or guardian or trustee of the said.....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said.....:

1. Patient resides at....., county of.....; age,..... years; nativity (*if foreign, how long in U. S.*).....; sex,.....; color,.....; occupation,.....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father,.....; of mother, .....

3. Number of previous attacks,.....; present attack began ....., 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) .....

4. Was the present attack gradual or rapid in its onset? .....

5. What is the patient's general physical condition? .....

(*If afflicted with any infirmity or disease other than insanity state it.*) .....

6. Is the patient cleanly or uncleanly in personal habits? .....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) .....

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes if known.*)  
 .....

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)  
 .....

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:  
 .....

The following are the facts as to the insanity of the said..... upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):  
 .....

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):  
 .....

(3) Other facts perceived by me indicating insanity:  
 .....

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)  
 .....

....., *Physician.*

#### AFFIDAVIT.

State of New Jersey, county of....., ss.—..... being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

....., M.D.

Sworn to and subscribed before me this....day of.....19...

.....

**Request for Indigent Patient's Commitment to State Hospital for the Insane.**

*To the Medical Director of The New Jersey State Hospital at Morris Plains:*

The undersigned, of....., in the county of....., and  
City or Town.  
 State of....., being desirous of having....., an  
Full name of patient  
 insane person of the county of....., and State of....., com-  
 mitted to and confined as an indigent patient in The New Jersey  
 State Hospital at Morris Plains, hereby requests the admission  
 therein of the said....., for the purpose aforesaid. Said  
Full name of patient.  
 ..... was born at....., on....., resides at  
Full name of patient. City or Town. Date of birth.  
 ..... and is a.....  
State patient's residence with particularity. Profession, trade or calling of patient.  
 The undersigned is a.....  
State degree of relation or other circumstances of connection between patient and person making request  
 of the said.....  
Full name of patient.  
 Dated....., 19....

Name of person making request.....

P. O. Address, .....

Street and number,.....

City, .....

County. ....

State, .....

**Certificate of Insanity of Patient by Physician Resident of New Jersey.**

I,....., of....., in the county of....., and State of New Jersey, do hereby certify that I am a graduate of..... and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of....., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by....., of....., in said State, and I am of the opinion that the said..... is insane.

and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said.....

1. Patient resides at....., county of.....; age,..... years; nativity (*if foreign, how long in U. S.*).....; sex,.....; color,.....; occupation,.....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father,.....; of mother,.....

3. Number of previous attacks,.....; present attack began....., 19... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*)

4. Was the present attack gradual or rapid in its onset?

5. What is the patient's general physical condition?

(*If afflicted with any infirmity or disease other than insanity, state it.*)

6. Is the patient cleanly or uncleanly in personal habits?

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*)

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate :

.....  
The following are the facts as to the insanity of the said.....  
upon which my opinion is founded :

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*) :

.....  
(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner* :

.....  
(3) Other facts perceived by me indicating insanity :

.....  
(4) Facts indicating insanity communicated to me by others :  
(*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)  
.....

....., *Physician.*

#### AFFIDAVIT.

State of New Jersey, county of....., ss.—.....  
being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate ; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

....., M.D.

Sworn to and subscribed before me this.....day of....19..

.....

**Certificate of Insanity of Patient by Physician Resident of  
New Jersey.**

I, ..... of....., in the county of....., and State of New Jersey, do hereby certify that I am a graduate of.....and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ..... , alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by....., of....., in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said.....:

1. Patient resides at ..... , county of .....; age, ..... years; nativity (*if foreign, how long in U. S.*).....; sex, .....; color, .....; occupation,.....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, .....; of mother, .....

3. Number of previous attacks,.....; present attack began ....., 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) .....

4. Was the present attack gradual or rapid in its onset? .....

5. What is the patient's general physical condition? .....

(*If afflicted with any infirmity or disease other than insanity, state it.*) .....

6. Is the patient cleanly or uncleanly in personal habits? .....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) .....

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:

The following are the facts as to the insanity of the said..... upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):

(3) Other facts perceived by me indicating insanity:

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)

....., Physician.

#### AFFIDAVIT.

State of New Jersey, county of ....., ss.—..... being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

....., M.D.

Sworn to and subscribed before me this....day of.....19...

**Maintenance Bond.**

MALE.

Whereas....., of....., an insane person, has been admitted as a patient into the New Jersey State Hospital at Morris Plains, N. J. :

Now, therefore, we, the undersigned, in consideration thereof, jointly and severally bind ourselves to Guido C. Hinchman, Treasurer of said Hospital, to pay to him, and his successors in office, the sum of.....dollars,.....cents per week, for the care and board of said insane person as long as he shall continue in said Hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention; and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the Warden of the Hospital; and to remove him from the Hospital whenever the room occupied by him shall be required for a class of patients having preference by law, or whenever he shall be required to be removed by the Managers or Warden; and also to pay all expenses incurred by the Managers or Warden in sending said patient to his friends in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and if he shall be removed, at the request of his friends, before the expiration of six calendar months after reception, then to pay board for twenty-six weeks, unless he shall be sooner cured, and also to pay, not exceeding fifty dollars, for all damages he may do to the furniture or other property of said Hospital, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made quarterly in advance from date of admission, and at the time of removal, with interest on each bill from and after the time it becomes due.

In Witness Whereof, We have hereunto set our names this ....day of....., in the year 19...

(Name).....[L. s.]

(Residence).....

(P. O. Address).....

(Name).....[L. s.]

(Residence).....

(P. O. Address) .....

Signed and sealed in the presence of.....



**Removal Bond.**

Know all men by these presents, that.....held and firmly bound unto the State of New Jersey in the penal sum of.....dollars, lawful money of the United States, to be paid to the said the State of New Jersey, or its assigns; to which payment well and truly to be made, we do bind ourselves, jointly and severally, one and each of our heirs, executors and administrators firmly by these presents. Sealed with our seals, and dated this.....day of....., in the year of our Lord one thousand nine hundred and.....

Whereas,.....of the county of.....hath heretofore been, and still is, confined in the New Jersey State Hospital at.....; and whereas, said Hospital is now full, and the Medical Director hath certified to the Managers that said.....is manifestly....., and can probably be rendered comfortable at....., and said Managers are willing to discharge said.....and to deliver.....to.....relatives or friends, upon receiving satisfactory security for....peaceable behavior, safe custody and comfortable maintenance without further public charge;

Now, therefore, the condition of the above bond or obligation is such that if the said....., or their heirs, executors or administrators, do and shall, from and after the date hereof, secure the peaceable behavior and safe custody of said....., and provide for.....a comfortable maintenance, so that.....shall not be a charge on the public; then said bond or obligation to be void, otherwise to continue in full force and virtue.

... [L. S.]

... [L. S.]

Sealed and delivered in the presence of .....













# **Twenty-Ninth Annual Report**

OF THE

## **Managers and Officers**

OF

# **The New Jersey State Hospital**

## **At Morris Plains**

**For the Year Ending October 31,**

**1904.**

---

**PATERSON, N. J.:**

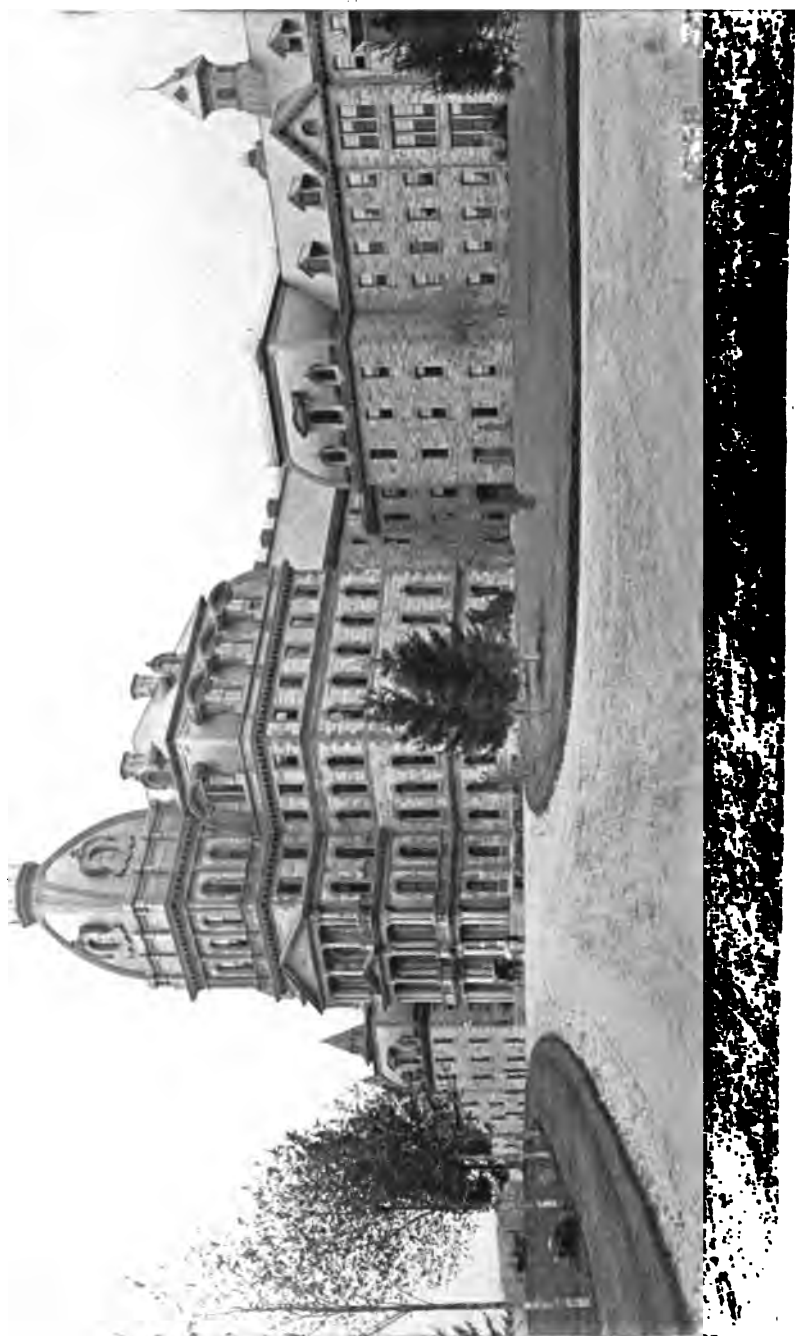
**NEWS PRINTING COMPANY, STATE PRINTERS.**

**1905**









FRONT OF HOSPITAL, SHOWING ADMINISTRATION BUILDING.

## MANAGERS.

---

### PRESIDENT.

JOHN C. EISELE.....NEWARK.

### VICE-PRESIDENT.

JAMES W. SMITH, M. D.....PATERSON.

JAMES M. BUCKLEY, D. D.....MORRISTOWN.

JOHN A. McBRIDE.....DECKERTOWN.

DAVID ST. JOHN, M. D.....HACKENSACK.

RICHARD A. McCURDY.....MORRIS PLAINS.

JAMES G. MORGAN.....WEEHAWKEN.

PATRICK J. RYAN.....ELIZABETH.



## OFFICERS.

---

### MEDICAL DEPARTMENT.

BRITTON D. EVANS, M. D. . . . . *Medical Director.*  
PETER S. MALLON, M. D. . . . . *First Assistant Physician.*  
HARRY A. COSSITT, M. D. . . *2nd Ass't Physician and Pathologist.*  
CHRISTOPHER C. BELTING, M. D. . . . *Third Assistant Physician.*  
RAYMOND D. BAKER, M. D. . . . . *Fourth Assistant Physician.*  
W. MILES GARRISON, M. D. . . . . *Fifth Assistant Physician.*  
FREDERICK C. HORSFORD, M. D. . . . . *Sixth Assistant Physician.*

### BUSINESS DEPARTMENT.

MOSES K. EVERITT. . . . . *Warden.*  
GUIDO C. HINCHMAN. . . . . *Treasurer.*  
CHARLES H. GREEN. . . . . *Secretary.*



---

---

## REPORT OF THE BOARD OF MANAGERS.

---

---

(7)





# Report of the Board of Managers.

---

*To His Excellency, Franklin Murphy, Governor of New Jersey:*

The Board of Managers of the State Hospital at Morris Plains respectfully submits its report for the Hospital year ending October 31st, 1904, being the twenty-ninth annual report of the institution.

The number of patients on the 31st day of October was sixteen hundred and one, but the total number of patients under treatment during the year was nineteen hundred and twenty-nine. The greatest number under treatment on any one day was sixteen hundred and twenty-one, which was on July 31st, 1904.

During the past year there were admitted 198 men and 226 women, a total number of 424 patients, which was 57 more than had been received during the preceding year. The number of the sexes fluctuates from year to year to a limited degree. In 1903 there were 15 more men admitted than women, but in 1904 there have been 28 more women admitted than men.

It appears from the statistics collated by the Medical Director that during the twenty-eight years' existence of the Hospital the admissions have averaged 258 per year, but the admissions this year reached 424.

The number of deaths varies from year to year, but not materially. The number of recoveries also varies. In the year just closed the percentage of recoveries, based upon the number admitted, is 26.2; in all, 111 persons; of these 59 were men and 52 women. The number of deaths was divided equally as respects sex; 78 men and 78 women. This is a little more than 8 per cent. of the whole number under treatment. Besides the 111 patients discharged as recovered, 45 were discharged improved and 16 unimproved.

During the past year the twelve regular monthly meetings of the Board of Managers have averaged an attendance of three-quarters of the whole number of members, and three special meetings were held; besides which forty-seven visits by individual members, making in all 129 official managerial visits.

## CONVICT AND CRIMINAL INSANE.

We beg leave to direct the attention of Your Excellency to the elaborate argument presented by the Medical Director with respect to certain classes of inmates, the heaviest emphasis being upon the consignment of insane convicts and criminals to the State Hospitals for the Insane. For more than twenty years the Managers and Medical Directors of the two institutions have called attention in their official annual reports to the great need of a separate institution for these classes. We regard their presence in the Hospital as the most serious impediment to efficiency with which we have to contend.

## HABITUAL DRUNKARDS.

Much attention is given by the Medical Director to the consideration of the proper method of treating habitual drunkards. Such persons may be committed to one of the State Hospitals, private asylum or retreat in the State where their friends are possessed of sufficient means to meet the expense of their maintenance and thus prevent their harming themselves or others, whereas the benefits of a State Hospital cannot be extended to a person of similar habits if he be in indigent circumstances.

## COMMITMENT OF YOUNG CHILDREN.

Attention is also directed to the commitment of young children to this institution. Boys so young (one is but five years of age) as not to be safely left in the Male Department have had to be placed upon wards with women patients; also a girl, but six years old, deaf, dumb and blind, has been committed to this institution, which has no provision for patients of this class. This situation calls strongly for a law regulating the minimum age at which a patient can be admitted to a State Hospital for the Insane.

Idiots have also been sent to this institution, upon regular commitment papers, when the law explicitly excludes idiots from admission to institutions for the insane.

## PRESERVATION OF RECORDS.

The need of a fire-proof room for the records of the Medical Department is very great. In case of fire all the vital statistics of

this department would be lost. Their value is two-fold. They serve as a foundation for intelligent progress in the treatment of the insane and they at any time may be very important in the settlement of estates and in determining the best methods of treating individual cases upon which they may reflect light.

It is desirable that the system of keeping case records be changed to what is known as the pocket or envelope system. This system, while less expensive, would be more convenient and at the same time attended with more satisfactory results. To fit up properly a fire-proof record room and inaugurate the system referred to, an appropriation of \$5,000.00 will be required.

#### WARDEN'S REPORT.

The Warden's report directs attention to the fact that the laundry building has been completed, but cannot be brought into use before an appropriation for special machinery, additional shafting, steam-fitting, plumbing, drying rooms, etc., be made.

#### DAIRY BARN.

The necessity of a dairy barn is imperative. The legislature appropriated \$3,000.00 for this work, but the amount being insufficient to complete the barn was not used and the appropriation therefore lapsed. The estimated cost of building this barn is \$6,000.00. It is absolutely impossible at present to produce the amount of milk necessary for the vast hospital population and properly care for it with the existing facilities.

#### NURSES' HOME.

The nurses' home requires carpets, rugs and such furniture, etc., as will make it a place of home abode for the nurses who are to occupy it. In addition to this it must be connected with the main heating plant of the hospital. This is important for the reason that it does away with the annual expense of having a man look after a local heating plant, the hauling of coal and numerous annoyances and expenses which would attend the installation and running of a separate heating plant. The estimated cost of furnishing the building and making a connection with the central heating plant of the main building is \$3,500.00.

## PRIVATE INSTITUTIONS.

The private institutions in this Hospital district have been visited and inspected, according to the terms of the law.

Again, through Your Excellency, we direct the attention of the legislature to the fact that no penalty or provision is made by law to enforce the law upon persons who attempt to treat the insane who refuse to take out a license and no method of procedure is laid down for such cases. It is highly important that such a law be enacted.

## COUNTY ASYLUMS.

It is by law made the duty of the Board of Managers of the New Jersey State Hospital at Morris Plains to inspect the asylums maintained by the counties of Essex, Hudson and Passaic, and report the results of such inspection. This duty has been performed, with the following results:

## ESSEX COUNTY ASYLUM AND BRANCH AT OVERBROOK.

The main hospital is situated on South Orange avenue, Newark, New Jersey, and the branch hospital is at Overbrook, Verona Township, Essex County, New Jersey. Both institutions are in charge of Dr. D. M. Dill, with three medical assistants at the main hospital and two other medical assistants at the branch, Dr. Robert Bolton having the title of Resident Physician at the branch hospital. The first assistant physician at the main hospital is also the pathologist. The number of inmates at the main hospital is 689, of whom 291 are males and 398 are females. At the branch hospital, at the time of the visit of the Board of Managers, there were 145 males and 211 females. The total number of patients in both institutions is 1,045. At the main hospital there are regularly employed 29 female attendants and 24 male attendants. At the branch there are 18 female and 9 male attendants.

Within the last few years the main institution has been refitted with the latest improved sanitary and hygienic appliances, while the new wing is a model of its kind. The Essex County Asylum has maintained a training school for nurses for many years with the result that it constantly secures a competent corps of attendants.

## HUDSON COUNTY ASYLUM.

This institution is situated at Snake Hill (Secaucus), New Jersey, and is in charge of Dr. George W. King, as Medical Superintendent. He is assisted by a Deputy Superintendent, who is not a physician. The total number of inmates is 550; of this number 224 are men and 326 women.

This institution is defective in various particulars, to which we have frequently been obliged to call attention. Various improvements are contemplated, and we hope to be able at a future visitation to find that it is fully in keeping with the population and wealth of Hudson County and with similar institutions and the progress of civilization.

## PASSAIC COUNTY ASYLUM.

As a large proportion of the insane of this county are treated at the institution at Morris Plains, only a limited number are cared for by the Board of Freeholders of Passaic County. They have for some years arranged for less than fifty, supposed to be incurable, at the Almshouse without detriment to the unfortunate persons, who are well fed, clothed and housed, and receive all necessary medical treatment.

---

On April 23rd, 1904, the Hon. Patrick Farrelly, for ten years a member of the Board and for four years its President, died after a short illness. He gave strict attention to the discharge of the greatly increased responsibilities devolving upon him as President. Mr. Farrelly visited the institution frequently, examining into the details of its work, and was ever ready to respond to any request from the Medical Director or Warden for his presence at the institution or for counsel. He was greatly respected by his fellow-Managers and honored himself and them by his fidelity as a Manager to the interests committed to him by the State and to the special responsibilities imposed upon him by their votes, as well as by his devotion to the welfare of the unfortunate human beings for the promotion of whose care, comfort and, if possible, cure this institution was established.

The place made vacant by his death was filled in the manner provided in the by-laws by the election of Mr. John C. Eisele, who had been for some years Vice-President of the Board; the

position thus vacated by Mr. Eisele was filled by the election of James W. Smith, M. D. The Hon. Patrick J. Ryan, of Elizabeth, succeeds by appointment of the Governor the late Patrick Farrelly.

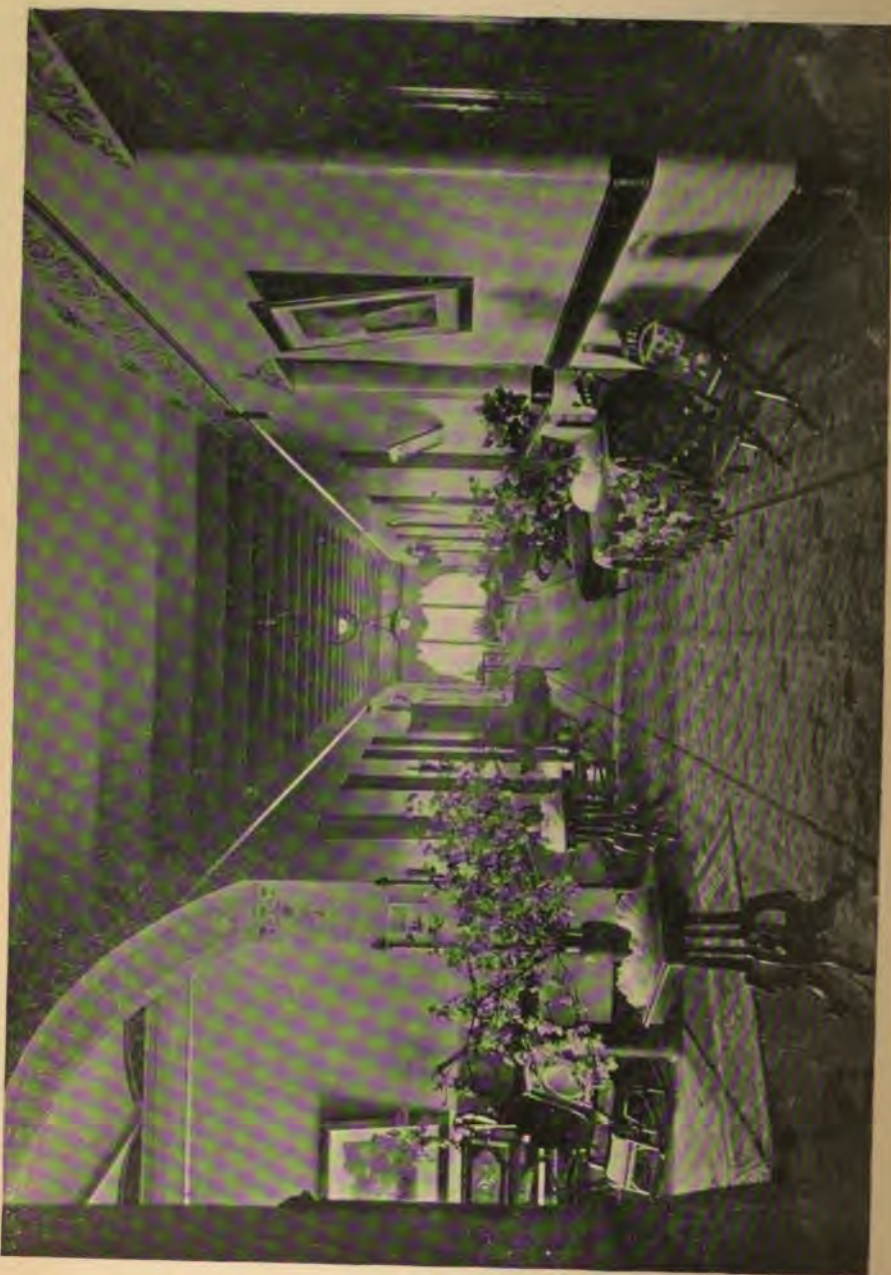
Respectfully submitted,

JOHN C. EISELE,  
JAMES W. SMITH,  
JAMES M. BUCKLEY,  
JOHN A. McBRIDE,  
DAVID ST. JOHN,  
RICHARD A. McCURDY,  
JAMES G. MORGAN,  
PATRICK J. RYAN,

*Managers.*







A WARD FOR MEN.

---

---

## **REPORT OF THE MEDICAL DIRECTOR.**

---

---

(15)



# Report of the Medical Director.

---

*To the Board of Managers,*

GENTLEMEN :—I beg herewith to submit to you the twenty-ninth annual report of the medical department of The New Jersey State Hospital at Morris Plains. The hospital year covered by this report began November 1st, 1903, and closed October 31st, 1904.

At the end of the year the hospital had an insane population of 1,601, consisting of 789 men and 812 women. The total number of patients under treatment during the year was 1,929 and the highest daily census in the year was reached July 31st, 1904, when there were 1,621 patients in the house.

There were admitted 198 men and 226 women, making a total of 424 admissions as against a total of 367 for the preceding year. A comparison of the admissions of the two years referred to develops the fact that while this year there were 28 more women admitted than men, in the year before there were 15 more men admitted than women; showing that the relative number, as to sex, of admissions varies from year to year.

In the last 28 years the admissions have averaged 258 per year; the admissions this year are 424, exceeding the yearly average since the opening of the institution by 166. This makes it clear to the student of statistics that whatever may be the cause, the insane population of the State is rapidly increasing. 111 persons were discharged recovered; the percentage of recoveries based upon the number admitted is 26.2 per cent. Of the number discharged as recovered, 59 were men and 52 women.

The deaths were of equal number as to sex, viz.: 78 men and 78 women and the death rate based upon the whole number under treatment is a trifle over 8 per cent. 24.3 per cent. of the deaths among the men was due to general paresis, an incurable disease which always results in death.

The number of patients discharged (which include those who died) is 267. There were 111 discharged as recovered; 59 men

and 52 women; 45 were discharged improved, 14 men and 31 women; 16 were discharged unimproved, 2 men and 14 women.

Unimproved indigent patients may be removed from the hospital upon their friends or relatives giving what is known as a "Removal Bond." This bond binds its endorsers or sureties to secure the peaceable behavior and safe custody of persons so removed, and provide for them a comfortable maintenance so that they shall not be a charge upon the public. Unimproved private patients are removed upon the written request of their nearest friends or relatives; such friends or relatives are required to assume all responsibilities connected therewith.

The causes of death of all patients who died during the year are set forth in Table XXI of the Statistical Appendix. There were 14 deaths due to tuberculosis. This table further shows that 19 deaths were due to general paresis. Of those who died over 41.6 per cent. were over 60 years of age (Table XIX). This is an increased age percentage over the preceding year.

According to legal commitment the classification of those remaining in the hospital October 31st, 1904, is as follows: Indigent, 1,345; Private, 155; Criminal, 35; Convict, 66, making a total of 1,601, which is an increase of 96 patients over last year's closing census. 1,116 of those classified as indigent are supported jointly by the State and the counties in which they have legal settlement; the remaining 229 are supported wholly by the State and are recorded as "State Indigent." State Indigent patients are those whose legal settlement cannot by judicial investigation be determined to be in any county in the State of New Jersey.

From those counties which have densely populated centers, with large manufacturing interests, the greatest number of "State Indigent" patients come. This may be logically accounted for by the fact that their mills, factories and varied industries invite from other States and even from foreign countries, those seeking employment. When this class of artisans and laborers become insane, as a rule they have not acquired a legal settlement and must be committed to one of the State hospitals as State Indigent patients. This is clearly demonstrated by the fact that our records show that Essex County during the hospital year covered by this report sent to this institution 79 State Indigent patients whose maintenance comes entirely from the State treasury, while Union County sent 80 and Passaic County 89, nearly all of whom are what is known as county indigent patients.

Table XII shows that 24 per cent. of those admitted had suicidal tendencies and that about 35 per cent. were in a state of pronounced mental depression.

Further important data may be found by referring to the Statistical Appendix.

#### INCREASE OF TUBERCULOSIS.

A most serious problem presents itself in the increase of tubercular disease among the insane of this hospital. It is a well known fact that an inactive and an indoor life invites the development of pulmonary tuberculosis. The location of this institution is excellent; it is well lighted and well ventilated, and I have made it a rule to have all the halls flushed out with pure air as frequently as is practicable. Less than five per cent. of our patients remain in the house after the morning and noon meals are over; some go to the shops and the fields and gardens and other points where they engage in work assigned them; others go out upon the lawns and under the trees and upon the amusement grounds. During this time, when the halls are vacated, the windows are all put up, that the fullest effect of pure air may be had. During the colder weather the same rule is followed as far as it can be with safety to the health of the patients.

In spite of constant attention to the principles of ventilation there has been some increase in tuberculosis for a few years past. Some special provision should be made for separating patients who are afflicted with any form of tubercular disease from those who are not. In order to do this without entailing upon the State any considerable expense I would suggest that two plain, inexpensive cottages be constructed; one for women suffering from tubercular disease and the other for men similarly afflicted. Much care should be paid to the construction, with a view to affording the best means of ventilation, a plenty of sun-light and facilities for thorough disinfection. As little furniture as possible should be placed in these cottages. Each cottage should provide about twenty-five beds.

These cottages, with an accommodation for fifty patients, would leave fifty beds vacant in the hospital proper, and to that extent increase its capacity. This addition of fifty beds is an important item, since statistics show that our census is increasing about one hundred annually.

## COMMITMENT OF YOUNG CHILDREN.

The State has made provision for the care and treatment of defective children, but in some way it has become the conviction of the managing authorities of the various institutions for the care and training of feeble-minded children that when a child, whether idiotic or imbecilic, becomes maniacal, positively troublesome or filthy in habits, that such a person should be transferred to one of the State hospitals. The State hospitals for the insane are not intended for the care of children, nor are they equipped so as to properly care for idiotic or imbecile children.

Among the group of children transferred or committed to this hospital during the past five years, is one boy 5 years and 8 months of age. This boy wears dresses or skirts and is so helpless from the standpoint of age that it has been necessary to place him upon a ward with women patients. A girl six years of age, who is a deaf mute and blind, has also been committed to this institution.

While it is right and just that the State hospitals for the insane should in no sense seek to avoid the admission of all the forms of mental derangement for which they should care, it is not just that they should be converted into institutions for the relief and betterment of all other charitable institutions. It is to be expected that troublesome patients or inmates will be found in all forms of State charitable work, and every institution should in justice bear its part, however difficult. It is further an injustice to children to place them on the wards with mature and aged insane persons, and I therefore maintain that a law regulating or setting forth the minimum age at which a person may be committed to the State hospitals would be a wise one.

In looking up this subject, I find that the term "lunatic," relating to persons of unsound mind who are eligible to admission into the State hospitals, does not embrace idiots, and I shall, acting in accordance with this statute, decline in the future to accept this class of defectives. The part of the statute referring to idiots as not coming under the terms "lunatic" and "insane," and consequently not suitable persons for care and treatment in the State hospitals, is to be found in General Public Laws of New Jersey, Session of 1893, Chap. 69. Article 47, and reads as follows:

"And be it enacted that the terms "lunatic" and insane" as used in this act, include every species of insanity, and extend to all deranged persons and to all of unsound mind, other than idiots."

## INDIGENT HABITUAL DRUNKARDS.

In my last annual report I called attention to the need of a law which would provide for the commitment to the State hospitals for the insane of dangerous indigent habitual drunkards.

An Act of the Public Laws, Session of 1881, Chap. 188, Page 236, Article 1, reads as follows :

"1. That section one of the act entitled 'An act relative to habitual drunkards,' approved March third, one thousand eight hundred and fifty-three, be and the same is hereby amended so as to read as follows:

1. That it shall be lawful for the court of chancery to issue a commission in the nature of a writ *de lunatico inquirendo*, as heretofore practiced and allowed, and returnable thereto, to inquire into the habitual drunkenness of any person in this State, and in case of habitual drunkenness found, by reason of which such habitual drunkard has become incapable of controlling or managing himself or his estate, or is wasting his estate, the chancellor shall cause to be transmitted to the orphans' court of the county where such habitual drunkard may reside, a certified copy of all proceedings which may be had thereon, which shall be recorded and filed in the surrogate's office of said county, and thereupon the said orphans' court, upon application for that purpose, is hereby directed and required to appoint a guardian or guardians for such habitual drunkard, who shall have the same power over the person and estate of such habitual drunkard, and perform the same duties and be subject to the same liabilities, as are conferred on and required of the guardian or guardians of an idiot or lunatic by the act entitled 'An act concerning idiots and lunatics,' approved April sixteenth, one thousand eight hundred and forty-six; that it shall be lawful for the chancellor, on application of the guardian or guardians of any such habitual drunkard, to make such order for the safe keeping of such habitual drunkard as he may deem necessary, with a view to his reformation, and from time to time to alter or modify the same, and to that end may authorize the guardian or guardians to place such habitual drunkard in a state asylum for lunatics, or in such other proper retreat as the chancellor may order; and when such order is made for the keeping of such habitual drunkard in a state asylum, such guardian or guardians shall be required to give security in such amount and form as the chancellor shall direct, for the payment of the expense of keeping such habitual drunkard therein."



It is readily apparent that this Act contemplates the commitment of habitual drunkards who are possessed of sufficient means to meet the expense of their maintenance in the hospital, asylum or retreat to which they may be committed. This law has given satisfactory results in that it has thrown a protective influence around society, prevented the wrecking of many homes and the wasting of estates. It has by its beneficent influences prevented whole families from becoming members of the dependent classes; it has made not only possible but it has assured the education of children who would have, because of the habitual drunkenness of their parents, been left without maintenance and with nothing to depend upon except the charity of the public.

This Act does not go far enough in protecting the welfare of the public at large and the safety and integrity of the home. A large proportion of habitual drunkards are most dangerous factors to society; they belong to that class of persons who, when under the influence of alcoholic drink, not only lose their mental balance but become maniacal and homicidal. This class of alcoholics is constantly a menace to society. Their debauches lead to criminality; their dealings with their families and their neighbors are characterized by brutality and indecency; they are as positively dangerous as the insane.

A great majority of this class have inherited the pernicious appetite which they exhibit. Careful study of the subject of inebriety has led to the conclusion that in a large number of the cases it is as much a disease as are the distinct forms of insanity. Our prisons are filled by victims of excessive indulgence in alcoholic beverages. The criminal court records show that it is frequently the basis of murder and the most heinous crimes and that the inordinate appetite for alcoholic drinks is one of the principal sources of indigence and encumbers the State with more dependent persons than all the other known causes combined.

It is granted that it is the duty of the State to care for criminals and dependents, the outcome of alcoholism; it would therefore be the part of wisdom to enact laws to restrain the drunkard and thus attack a most active factor in the rapid increase of the criminal and dependent classes. It has been said that the State cannot afford to care for "drunks", and yet in failing to give this important problem the attention it is justly entitled to the State is forced to care for and maintain many such persons as criminals and their wives and children as paupers. This form of false

economy cause sorrows to multiply and the State's dependents to increase in number.

It is not infrequent that persons belonging to this class of alcoholics are committed to the State hospitals for the insane as insane persons, but upon the withdrawal of alcoholic drink for a few days their mental balance is re-established. Under the present law they must be discharged, which means that they are set at liberty to go back to their former habits and again become the same serious disturbing factors to the public at large. I believe it would be wise legislation if a law should be enacted which would provide for the commitment to the State hospitals of that class of indigent habitual drunkards who are dangerous to their neighbors and their families; who disturb the peace of their homes and who by virtue of their vicious natures beget children of a like sort. I would advise that the law be less elaborate than the one above quoted, which provides for the commitment of persons who have means to pay for their maintenance, but that it be as direct and binding in its effects. The law above cited entails an expense which, if possible, should be avoided.

#### INSANE CONVICTS AND CRIMINALS.

For more than than two decades the medical superintendents and medical directors of the two State institutions of the insane of New Jersey have been calling attention in their official annual reports to the great need of a separate institution for the criminal and convict classes whose minds are unbalanced.

In the consideration of a subject of this character it is just and proper that in treating it due consideration should be given to the relations which the disinterested part of the public at large holds, as well as the more immediate relations of those who are bound by ties of blood, warm friendship or direct official responsibility.

That class of citizens who think carefully, deeply and studiously of the welfare of public institutions and who devote a fair share of their time to inspecting them with a view of bettering their conditions, compose but a small part of the body politic. That class of citizens who never go into a public charitable institution and know nothing of them except through such articles as appear in the columns of sensational press, compose a great majority, and it is known as the "ever critical public."

Because of acquired disease or hereditary taint for which they can by no means be held responsible, there are men and women confined in the charitable and penal institutions of every State. And it is admittedly incumbent upon the State, acting in the promotion of good government, the welfare of its citizens and in the support of the cause of humanity and the principles of charity, to care for the dependent and criminal classes, and no commonwealth with credit to itself can evade the responsibility of caring for that part of its citizens who are unable to care for themselves. As civilization advances, as enlightenment and educational influences progress, the principles of philanthropy and the cause of true charity with increased force impress themselves upon the citizens and the State. Not only shall we consider the interests of the sick, the defective and the criminal from a standpoint of helping them to better their condition, but full weight must be given to the protection of the public and the preservation of the integrity of society.

It may be safely said that every State hospital for the insane contains a large number of men and women who, before their minds became unbalanced, were useful, upright and prominent citizens; that in these institutions there are the sons and daughters of some of the most influential and prominent citizens of the State. They are merely sorrows put away from the sight of the public, but the ties that bind father to son, brother to brother and mother to child are still unbroken, and looking into the internal affairs of a great institution for the insane this aspect of the case cannot be ignored.

That citizen who has no relative upon whom affliction has fallen in the manner of mental derangement feels that the affairs of an institution for the insane should be administered upon the most rigid economical basis. On the other hand, he who has had his loved one taken from him because of a disordered mind and placed in the custody of a hospital for the insane, feels that every possible advantage should be provided for such patient's restoration to health and mental balance and that every factor which tends to operate against the curative influences of such an institution should be removed.

It is justly claimed that in a State institution for the insane that those persons whose lives have been free from crime should not be forced in the time of their affliction to be brought into direct contact with convicts and criminals whose lives have known little else than crime and criminally vicious influences.

I would feel it a neglect of duty should I fail to make an official protest against the keeping of insane convicts and vicious criminals in the State hospitals along with the non-criminal insane. This year closed with 66 insane convicts and 35 of the criminal class in this hospital, while in the State hospital at Trenton there are 43 convicts and 37 criminals; making a total of 181 patients belonging to these objectionable classes now maintained in the two State hospitals. The State should provide a separate institution for the detention, care and treatment of convicts and dangerous criminals who become insane. The annual reports of the State hospitals of New Jersey for thirty years have presented logical arguments in support of this principle, and I deem it eminently proper to make a few abstracts from them.

The Managers of the Trenton State Hospital, in their report of 1874, said:

" Among the patients in the asylum, are included twenty-one insane convicts, who have been transferred to the institution from the State Prison by virtue of the twelfth section of the act for the government and regulation of the State Prison, approved March 26th, 1869. While all must admit that the plainest dictates of humanity demand on the part of the State, the provision of means for the merciful care and skillful treatment of insane convicts, yet there would seem to be a natural repugnance to placing these persons in contact with the other insane of the State. The affliction of insanity is sufficiently deplorable without causing to the relatives and friends of the sufferers, the added grief of knowing that those to whom they are bound by the tenderest ties, may be forced to mingle with common convicts. We feel this to be a grievous wrong, that calls for a prompt and adequate remedy. This evil, not easy to endure, when the law was first enacted, and there were but few insane convicts, has grown in magnitude with the increase in the number of cases, and ought not to be longer tolerated. We earnestly urge that provision be made by law, for the treatment of this class of cases in some suitable place separate from the other insane of the State. We believe that this could be best done in the State Prison property. Then those who have only occasional attacks of lunacy, could in the interval, be provided with such useful and healthful employment as may be deemed compatible with their condition. Such an arrangement would also leave no inducement on the part of prisoners to feign insanity, in order to accomplish a removal from the prison. In order to secure the very

best medical care when necessary, the prison physician might be authorized to summon the Superintendent for consultation in extreme cases.

"The prison and asylum are sufficiently near each other to render this entirely feasible."

The Board of Managers of the same institution in 1876 makes further appeal, as follows:

"The purity of the institution and the honor of the State alike demand that our afflicted fellow-citizens who are without reproach should not be thus compelled to associate with condemned criminals."

In 1878 Dr. John W. Ward, Superintendent of the State Hospital at Trenton, wrote:

"Attention has been called heretofore to the very great impropriety, not to say injustice, of treating this class of patients in an ordinary hospital for the insane."

The Managers of the same hospital, in their annual report of 1879, said in part:

"It seems only necessary that the citizens of the State should fully realize the fact that, under the law as it now is, any member of their families requiring treatment at the asylum is liable to be associated with the insane convicts sent from State's Prison, to create such a public sentiment as would speedily wipe from the Statute Book a law so repugnant to every sentiment of justice or humanity."

Dr. Edwin C. Booth, in the annual report of the State Hospital at Morris Plains, for 1887, writes:

"If it is admitted that a man in his sound senses has the inalienable right to select his own company, is it right that when he is no longer able to choose for himself he should be thrown into compulsory association with those who are habitually wicked and stand convicted of crime?"

In the report of the Board of Managers of the State hospitals for the year of 1896 this very pertinent statement is made:

"Convicts as a rule disorganize other patients. They are adepts in contriving means of escape, and to prevent them from succeeding in such efforts is exceedingly difficult and sometimes impossible. When an escape of this kind occurs, the public, not being aware of the desperate nature and previous lives of these persons, unjustly criticise the institution."

The Board of Managers of the hospital at Morris Plains, in their report of 1898, treat this important subject as follows:

"The Board cannot better express its sense of the need of legislative action than to quote from the report of the Medical Director, which is as follows:

"'The presence of this class of patients in this and similar institutions causes constant apprehension to the officials and is menace to the welfare of the institution as well as to the comfort and safety of other patients who have to associate with them.'"

So I might quote indefinitely from the annual reports of this and other States showing a unanimous opinion of the officials of institutions for the insane that it is unjust, inhumane and unwise to force insane patients who are without the taint of criminality to associate with convicts and the vilest of criminals. I have treated this subject at length in the hope that the State hospitals may obtain relief through legislative action in the coming session of the Legislature.

#### STATE SUPPORT.

Every hospital for the insane which receives State support and cares for insane persons who have not the means to maintain themselves, is classed as a public charity, and while a large part of the public think of persons who are maintained without cost to themselves or their friends, they appear to overlook the fact that the food consumed, the clothing worn, the heat and light furnished, the professional care given, the medical and surgical supplies required, the wages of nurses and attendants employed, the construction of buildings and repairs and improvements, must all be paid for from some source.

Caring for, treating, feeding and clothing the insane is clearly a most commendable charitable work. But in considering the charitable and philanthropic aspects of this great and important problem, it is always well to bear in mind that a large institution

for the insane is a business organization, and to be operated upon a basis fair and just to all the interests concerned, strict business principles must be observed.

Since it is the prerogative of the Medical Director, as well as his duty, to draw upon the hospital funds by requisitions for a considerable portion of the supplies necessary for the patients under his care and management, I have deemed it proper to deal briefly with some of the important phases of this question, that public record should be made in this official report in a concise but plain manner, so that those who feel a serious interest in this subject may have an opportunity to analyze, not only the character of medical treatment the patients receive, but the business side of the medical work.

Occasional criticisms are seen in the columns of the press and heard from the mouths of those who feel it their duty, as public citizens, to deal with and discuss this matter. It is unfortunate that too frequently these criticisms and discussions come from persons who are not willing to take the trouble to carefully investigate the subject in question, and the greater proportion of those who take this matter up for consideration have failed to do themselves the justice or the State hospitals the compliment to spend one day within their walls for the purpose of studiously and conscientiously looking into what is being done for those deprived of their reason or the exact manner in which they are cared for, clothed, fed and given medical treatment.

It is well to bear in mind that supplying a poor and an inferior grade of food, insufficient and uncomfortable clothing, in order to cut down expenses, to meet the demands of a system of economy too rigid to give comfortable clothing or meet the physiological requirements of the laws of nutrition, has caused an outburst of criticism and dissatisfaction from the public in some of our sister States.

Within reasonable bounds a strict observance of the laws of economy will always command respect. On the other hand, any form of economic management which denies to those deprived of reason properly heated and well ventilated clean living apartments, plain substantial and nutritious food, comfortable clothing respectable in appearance, an adequate corps of nurses and suitable remedial agencies, hygienic and medical, are far from characteristic of the management of any first-class charitable institution.

When the State by its laws assumes the right and duty of taking from a certain class of its citizens their liberty and of placing them under restraint, it assumes the correlative responsibility of dealing with them humanely, of giving to them a maintenance and a care in keeping with the conditions presented and the just needs of the situation.

The claim that the financial burden of the State has greatly increased in the last twenty years is too frequently made without an adequate effort to show the reasons therefor. On October 31st, 1884, there were in the New Jersey State Hospital at Morris Plains seven hundred and forty-five patients. On October 31st, 1904, there were sixteen hundred and one patients, an increase of more than one hundred per cent. in the insane population of this hospital. A review of the statistics of the State show that the insane population has increased in the same ratio in other parts of the State. This of itself will account for an increase of expenses double that of twenty years ago.

The State has by statute increased her pro rata obligations in the maintenance of the indigent insane. In 1884 and up to 1902 there was paid from the State treasury towards the maintenance of indigent patients in the State hospitals one dollar per capita per week; in 1902 a law was passed under which the State assumes the obligation of paying from the treasury two dollars per capita per week for all county indigent patients; this of itself doubled the amount to be paid from the State treasury in the maintenance of this class, but proportionately decreased the burden of those counties which had no local institutions for the care of the insane. This assumption on the part of the State of an additional one dollar per capita per week in no wise signifies that the cost of maintenance is to that extent increased, but simply that the State to that extent goes to the relief of the counties.

By an Act, approved March 22nd, 1895, the State assumed the entire maintenance of all indigent insane persons of the State whose legal settlement could not, after due inquiry, be determined to be in any particular county of the State. These patients are given the legal classification of "State Indigent Insane." Previous to the enactment of the law referred to the counties from which such patients were sent were made chargeable for them at the same maintenance rate as was charged for other indigent patients.

So rapid have the admissions of "State Indigent" patients been that at the close of the year covered by this report there were in this hospital two hundred and twenty-nine persons belonging to



that class. This means that even if the number should not continue to increase there would be for the ensuing year a draft upon the treasury by the hospital at Morris Plains of \$47,632 for this purpose alone. This class of indigent patients will continue to grow greater year by year, and the assumption on the part of the State of the obligation to maintain them is in no wise open to just criticism.

Under the law a person to acquire a legal settlement must reside in a county ten consecutive years. To move from one county to another sacrifices to such person his legal settlement in the county he so leaves, and it requires ten consecutive years residence in another county to again acquire a legal settlement. It is evident that under such legal requirements there are many residents in the State who are without legal settlement and under the visitation of insanity, if without means of support, would be committed to one of the State hospitals as "State Indigent Insane." Since a State indigent patient entails no expense of maintenance upon the county from which he is committed the county authorities naturally look closely into the matter of legal settlement.

Another factor which materially increases the amount of money drawn from the State treasury for the maintenance of the insane of the State is found in the fact that all counties which have their own institutions for the care and treatment of insane persons draw from the State treasury two dollars per capita per week toward the maintenance of patients in such county institutions. Essex County hospital for the insane closed the year with an insane population of 1,045; this entitles that institution to about \$94,000 annually from the State treasury and all other county asylums or hospitals for the insane receive the like pro rata assistance. Under these laws, which are eminently just, the maintenance of the insane of the State must annually increase. The insane of the State has, according to most reliable statistics available, increased in a greater ratio than the population of the State. This is not peculiar to New Jersey, but applies to several other States in the Union.

Another most important reason for an increase in the annual running expenses of every public institution is to be found in the marked advance in the cost of supplies and the higher rate of wages necessary to command the services of a corps of employes to properly meet the demands of the work. No factory or corporation or business house or individual family is able at this time

to purchase supplies and employ help at prices which would have been paid for the same supplies and services a few years ago. It is not reasonable that large public institutions should be able to buy supplies except in accordance with the advance and decline of the market, nor can they employ nurses and help for a low rate of wages when the same persons can obtain much greater pay in other forms of occupation and in like services in other States.

The factors which I have called attention to as operating to increase the amount of money drawn from the State treasury annually for the maintenance of the insane of the State, as well as those which have increased the cost of maintenance of the same, has not been brought about by the local management of the hospitals, but by conditions over which it has had no control. The prosperity of the country has increased the value of such supplies as are needed to feed the sane and insane. For the same reason the laborer, whether working on the farm, in the shop or at the bedside of the sick, is able to command better pay. This in no way reflects unfavorably upon the hospitals or the laws which provide for the maintenance of the patients. If those forces which operate to advance wages and the cost of food and clothing mean the betterment of all classes and an increase of the resources from which the maintenance bills of public institutions are paid, it is a matter for congratulation and not for complaint.

Those States which have shown greatest progress in educational matters and which have afforded the best conditions and most marked advantages to the public in police regulations are, as a rule, the States which have best and most liberally provided for the defective and dependent classes. The State of New Jersey has made steady progress in the care of her defective and dependent classes. The liberality of her laws and the support given her public charitable institutions reflect credit and honor upon the State.

#### REVISION OF RECORDS.

I called attention in my last annual report to the serious need of the fitting up of a room for the records and case books of the Medical Department, as well as the advisability of changing our method of keeping such records. The system now employed is cumbersome and inconvenient. Our books have grown in numbers and by the daily addition of notes increased in size until there is no suitable place in which to keep them and their bulkiness

causes them to break apart. It would cost more to put our present records in first-class condition than it would to inaugurate the newer and more desirable system. In the event of fire these valuable statistical documents would most likely be lost, and there would be no way of replacing them.

Our system is out of date and it requires but a few moments investigation to show that a change should be made, and that a record room should be fitted up where reasonable precautions against fire would be provided.

I heartily recommend that such a room be set apart and properly equipped, and that a change to the envelope or pocket system be instituted.

The present manner of keeping records met the requirements of the institution in its earlier history. It now embraces the records of seven thousand two hundred and twenty patients and leaves in the hospital more than sixteen hundred patients upon whose cases notes are being made daily. Frequent reference must be made to these records for the purpose of meeting the demands of Court proceedings, the writing of death certificates, filling out of pension papers, making up the statistical tables and to meet effectively the medical and business demands of this large institution.

The case record system which I recommend to replace the one now in use would cost much less in stationery supplies, would be more easily kept, more accessible and more readily available for reference purposes, and at the same time decrease the expense of maintaining it. I therefore advise that an appropriation of \$5,000.00 be asked to make this much needed and important improvement.

#### PATHOLOGICAL LABORATORY.

The work in the pathological laboratory has, during the entire year, been of a most practical character. Dr. H. A. Cossitt, the resident pathologist, has under my directions devoted himself to that particular line of pathological work which was thought to be of most definite and practical value in the diagnosis and treatment of disease. Work of a highly speculative character has been avoided.

The following is a condensed report of that which was done in the pathological laboratory in the direct aid of bedside medical work:

15 autopsies; 1,177 urinalyses; 485 blood examinations; 104 swab cultures; 186 sputum examinations; 21 examinations of urethral and vaginal discharges; 236 specimens were examined for tubercular bacilli; 14 examinations of specimens of tumors, cysts, scrapings, etc.; 21 examinations of fluid from pleural and abdominal cavities; 25 examinations of intestinal contents, tapeworm, stomach contents, pus and cows' milk. Aside from these, 144 photographs and photo-micrographs and 75 lantern slides were made.

The laboratory as in past years has proven to be an indispensable and most valuable adjunct to the medical work of the hospital. Its very thorough equipment has inspired the resident pathologist to display an increased energy and the results are most gratifying to me.

In addition to the work enumerated above much of a highly scientific character has been prosecuted and the results placed upon record in the archives of that department, a part of which is set forth in the pathological supplement.

#### NURSES' HOME.

An appropriation of \$40,000.00 was asked of the last legislature for the erection of a separate building for nurses. The appropriation committee deemed it proper, as a beginning, to give but half of that amount. The building which is now under process of construction will accommodate about fifty-three persons, which is less than one-third of the nurses required to care for the more than sixteen hundred patients now under treatment in this hospital.

In most well regulated institutions for the insane, nurses are provided on an average of 1 nurse to 8 to 10 patients. Allowing 1 nurse to every 8 patients our population of 1,600 would require 200 nurses, or with 1 nurse to every 10 patients 160 nurses would be required. The steady increase of the insane population of the State from year to year will necessarily increase in the same ratio the number of nurses required to care for them.

Since I enumerated in my last annual report many of the important reasons for having a place where nurses can sleep away from the cares and besetments of their daily work, I can do no better than quote in part from that document:

"There is probably no class of work attended with more trying conditions than that of nursing the insane. Only a small

percentage of those being nursed and cared for seem capable of appreciating the attentions they receive, and they rarely show gratitude, but because of their mental derangement, heap abuse upon their nurses for detaining and persecuting them. The nurse must return kind words for abuse, and when violently attacked must be calm and display a spirit of humanity. When spat upon and called the harshest names it must be borne with evenness of temper. The helpless, the sullen, the stubborn and regressive must be washed, fed and cared for even as a mother cares for her babe.

"Not only is the work difficult, but the hours are long—usually from 6 A. M. to 9 P. M. No large institution for the insane can be successfully managed with an inefficient and unreliable corps of nurses, but in order to command the services of men and women qualified by temperament, industry, education and kindness of heart, a keen interest must be exhibited in their welfare and comfort.

"The faithful discharge of duty of the employes should receive due recognition from the employer.

"Provide them apartments where they may have an opportunity to spend off-duty hours in reading, studying and legitimate recreation. In this way the services of a uniformly high grade of nurses and attendants may be commanded. They will appreciate the recognition they receive, and will strive to retain their positions and make nursing their life-work.

"Faithful and reliable nurses are worthy of such comforts as may be consistently given in a properly-constructed and well-regulated home set apart for their use when not on active duty."

The building which is being constructed is to be of red brick with white-brick trimmings, located within 80 yards of the female department of the main building, and will be set apart for occupation by female nurses. The rooms vacated by the nurses who will occupy this new building will be given over to patients, and since it costs less to build for nurses than for patients the expenditure will be a most economic one.

The providing of separate residences for nurses who are on duty fifteen hours a day is not a new or novel idea. It has been tried and approved by the management of many hospitals in this country and Europe, and the results have in all cases been highly gratifying.

## TRAINING SCHOOL FOR NURSES.

The Training School for Nurses has become a permanent part of the organization of this hospital and I deem it proper to make record in a brief manner of the progress made in this department during the year, and to incorporate into this report the schedule of lectures to be delivered in the coming session.

Three men and twelve women were graduated at the end of the prescribed course of instruction and study for last year. This number, added to the 114 who have previously been graduated, makes a total of 129 persons who have been awarded diplomas since the opening of the training school in 1894.

The average State hospital nurse is of a migratory disposition and many of those who are graduated sooner or later seek occupation in other hospitals or take up private nursing; but while the graduates of our school frequently leave us and obtain employment in other hospitals, this is counterbalanced by the fact that the graduates of other hospital training schools quite as often seek positions here. In addition to the improved services obtained as the outcome of the instruction given in our school, we have the consciousness of exercising an educational function and of co-operating with all similar first-class State institutions in advancing the standard of nurses for the insane and thereby promoting the best interests of the State.

The highly beneficial results of training schools for nurses in connection with institutions for the insane are so apparent and fully recognized that to again enumerate them would be superfluous.

The announcement and schedule of lectures and quizzes for the coming session is as follows:

## ANNOUNCEMENT.

The New Jersey State Hospital Training School for Nurses was established in 1894, for the purpose of giving practical instruction to those employed in the capacity of nurses, and thus enable them to become proficient in their calling, and render a more intelligent and satisfactory service to the Hospital.

The full course covers a period of two years, is obligatory, and consists of lectures, demonstrations, practical instruction in bedside nursing, the management of medical and surgical cases, the

preparation of diet, the administration of food and medicine, the giving of the various baths and the methods of dealing with emergencies.

Members of the Senior Class will be detailed to serve in the infirmary wards in regular rotation for two weeks at a time.

On the completion of the prescribed course a written examination will be held, and those of the Senior Class obtaining a general average of 75 per cent. or better will be granted diplomas.

The Junior Class will also be subjected to a written examination at the end of the first year, and those obtaining a general average of 70 per cent. will be advanced to the Senior Class.

Any pupil nurse not receiving a general average of 50 per cent. will be dropped from the employ of the Hospital.

#### LECTURE SCHEDULE.

##### JUNIOR CLASS.

1904.

November 1—Dr. Evans.	Ethics of Nursing.
November 3—Dr. Mallon.	Symptomaology.
November 8—Dr. Cossitt.	Practice of Medicine.
November 10—Dr. Belling.	Physiology.
November 15—Dr. Baker.	Artificial Feeding.
November 18—Dr. Garrison.	Physica.
November 22—Dr. Horsford.	Anatomy.
November 25—Dr. Evans.	Insanity.
November 29—Dr. Mallon.	Symptomaology.
December 1—Dr. Cossitt.	Fevers.
December 6—Dr. Belling.	Physiology.
December 8—Dr. Baker.	Hygiene.
December 13—Dr. Garrison.	Chemistry.
December 16—Dr. Horsford.	Anatomy.
December 20—Dr. Evans.	Insanity.
December 22—Dr. Mallon.	Materia Medica.

1905.

January 3—Dr. Cossitt.	Eruptive Fevers.
January 5—Dr. Belling.	Physiology.
January 10—Dr. Baker.	Hygiene.
January 12—Dr. Garrison.	Chemistry.
January 17—Dr. Horsford.	Anatomy.
January 20—Dr. Evans.	Insanity.
January 24—Dr. Mallon.	Materia Medica.
January 26—Dr. Cossitt.	Diseases of the Respiratory System.

January	31—Dr. Beling.	Physiology.
February	2—Dr. Baker.	Hydrotherapy.
February	7—Dr. Garrison.	Urinalysis.
February	9—Dr. Horsford.	Anatomy.
February	14—Dr. Evans.	Insanity.
February	17—Dr. Mallon.	Therapeutics.
February	21—Dr. Cossitt.	Diseases of the Digestive System.
February	23—Dr. Beling.	Physiology.
February	28—Dr. Baker.	Gynaecology.
March	2—Dr. Garrison.	Urinalysis.
March	7—Dr. Horsford.	Anatomy.
March	9—Dr. Evans.	Quiz.
March	14—Dr. Mallon.	Genito-Urinary.
March	17—Dr. Cossitt.	Quiz.
March	21—Dr. Beling.	Quiz.
March	23—Dr. Baker.	Quiz.
March	28—Dr. Garrison.	Quiz.
March	30—Dr. Horsford.	Quiz.
April	4—Dr. Evans.	Quiz.
April	6—Dr. Mallon.	Quiz.
April	11—Dr. Cossitt.	Quiz.
April	13—Dr. Beling.	Quiz.
April	18—Dr. Baker.	Quiz.
April	21—Dr. Garrison.	Quiz.
April	25—Dr. Horsford.	Quiz.
April	27—Dr. Evans.	Examination.
May	2—Dr. Mallon.	Examination.
May	4—Dr. Cossitt.	Examination.
May	9—Dr. Beling.	Examination.
May	11—Dr. Baker.	Examination.
May	16—Dr. Garrison.	Examination.
May	19—Dr. Horsford.	Examination.

## LECTURE SCHEDULE.

## SENIOR CLASS.

1904.

November	1—Dr. Evans.	Ethics of Nursing.
November	3—Dr. Mallon.	Symptomatology.
November	8—Dr. Cossitt.	Diseases of Digestive System.
November	10—Dr. Beling.	Dietetics.
November	15—Dr. Baker.	Artificial Feeding.
November	18—Dr. Garrison.	Pathology.
November	22—Dr. Horsford.	Inflammation, Asepsis, Antisepsis.
November	25—Dr. Evans.	Insanity.
November	29—Dr. Mallon.	Symptomatology.



December 1—Dr. Cossitt.  
 December 6—Dr. Beling.  
 December 8—Dr. Baker.  
 December 13—Dr. Garrison.  
 December 16—Dr. Horsford.  
 December 20—Dr. Evans.  
 December 22—Dr. Mallon.

Diseases of the Circulatory System.  
 Food in Health.  
 Hydrotherapy.  
 Pathology.  
 Surgical Fevers, Wounds.  
 Insanity.  
 Materia Medica.

## 1905.

January 3—Dr. Cossitt.  
 January 5—Dr. Beling.  
 January 10—Dr. Baker.  
 January 12—Dr. Garrison.  
 January 17—Dr. Horsford.  
 January 20—Dr. Evans.  
 January 24—Dr. Mallon.  
 January 26—Dr. Cossitt.  
 January 31—Dr. Beling.  
 February 2—Dr. Baker.  
 February 7—Dr. Garrison.  
 February 9—Dr. Horsford.  
 February 14—Dr. Evans.  
 February 17—Dr. Mallon.  
 February 21—Dr. Cossitt.  
 February 23—Dr. Beling.  
 February 28—Dr. Baker.  
 March 2—Dr. Garrison.  
 March 7—Dr. Horsford.  
 March 9—Dr. Evans.  
 March 14—Dr. Mallon.  
 March 17—Dr. Cossitt.  
 March 21—Dr. Beling.  
 March 23—Dr. Baker.  
 March 26—Dr. Garrison.  
 March 30—Dr. Horsford.  
 April 4—Dr. Evans.  
 April 6—Dr. Mallon.  
 April 11—Dr. Cossitt.  
 April 13—Dr. Beling.  
 April 18—Dr. Baker.  
 April 21—Dr. Garrison.  
 April 25—Dr. Horsford.  
 April 27—Dr. Evans.  
 May 2—Dr. Mallon.  
 May 4—Dr. Cossitt.  
 May 9—Dr. Beling.

Diseases of the Respiratory System.  
 Food in Disease.  
 Diseases of Women.  
 Bacteriology.  
 Fractures, Dislocations.  
 Insanity.  
 Materia Medica.  
 Infectious Diseases.  
 Hygiene.  
 Obstetrics.  
 Toxicology.  
 Preparation for Operations.  
 Insanity.  
 Therapeutics.  
 Infectious Diseases.  
 Hygiene.  
 Constitutional and Nervous Diseases.  
 Toxicology.  
 Minor Surgery. Emergencies.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Quiz.  
 Examination.  
 Examination.  
 Examination.  
 Examination.

May	11—Dr. Baker.	Examination.
May	16—Dr. Garrison.	Examination.
May	19—Dr. Horsford.	Examination.

JUNE 21, 1905, COMMENCEMENT.

# GENERAL OUTLINE OF LECTURES.

## JUNIOR CLASS.

DR. BRITTON D. EVANS.

1904-05.

November	1—The Ethics of Nursing.
November	25—Classification of Mental Diseases.
December	20—The Management of Acute Insanity.
January	20—Relation of Age and Occupation to Mental Diseases.
February	14—Nursing and Ward Work.

DR. PETER S. MALLON.

November	3—Classification of Symptoms of Disease.
November	29—Pulse, Temperature, Respiration, Sensory and Motor Disturbances.
December	22—Forms and Methods of Administering Medicine.
January	24—Systemic Remedies.
February	17—Therapeutics.
March	14—Genito-Urinary.

DR. HARRY A. COSSITT.

November	8—The Practice of Medicine.
December	1—Fevers.
January	3—Eruptive Fevers.
January	26—Diseases of the Respiratory System.
February	21—Diseases of the Digestive System.

DR. CHRISTOPHER C. BELING.

November	10—General Composition of the Human Body.
December	6—The Mechanism and Functions of the Respiratory Organs.
January	5—Heart, Blood and Circulatory System.
January	31—Brain, Spinal Cord and Nerves.
February	23—Digestion, Assimilation, Secretion and Excretion.

## NEW JERSEY STATE HOSPITAL.

## DR. RAYMOND D. BAKER.

- November 15—Artificial or Forced Feeding.  
December 8—Air, Water and Ventilation.  
January 10—Personal and Ward Hygiene.  
February 2—Hydrotherapy.  
February 28—The Reproductive Organs. Pregnancy.

## DR. W. MILES GARRISON.

- November 18—States of Matter and Laws Governing Them.  
December 13—Mechanical Mixtures and Chemical Compounds.  
January 12—Oxygen, Hydrogen, Chlorine and Nitrogen.  
February 7—Constituents of Normal Urine. Tests.  
March 2—Tests for Abnormal Constituents.

## DR. FREDERICK C. HORSFORD.

- November 22—Bones, Joints, Muscles, Fasciae and Skin.  
December 16—Thoracic Viscera.  
January 17—Abdominal Viscera.  
February 9—Arteries, Veins and Lymphatics.  
March 7—Brain, Nervous System, Organs of Special Sense.

## GENERAL OUTLINE OF LECTURES.

## SENIOR CLASS.

## DR. BRITTON D. EVANS.

1904-05.

- November 1—Ethics of Nursing.  
November 25—Classification of Mental Diseases.  
December 20—The Management of Acute Insanity.  
January 20—Relation of Age and Occupation to Mental Diseases.  
February 14—Nursing and Ward Work.

## DR. PETER S. MALLON.

- November 3—Classification of Symptoms.  
November 29—General Appearance, Inflammation, Pain.  
December 22—Systemic and Local Remedies.  
January 24—Emetics, Cathartics, Diuretics, Expectorants.  
February 17—Demulcents, Emollients, Protectives, Digestants.

# NEW JERSEY STATE HOSPITAL.

41

## DR. HARRY A. COSSITT.

- November 8—Diseases of the Digestive System and Kidneys.  
December 1—Diseases of the Circulatory System.  
January 3—Diseases of the Respiratory System.  
January 26—Fever, Typhoid Fever, Malarial Fevers.  
February 21—Rubeola, Variola, Varicella, Scarlatina, Diphtheria.

## DR. CHRISTOPHER C. BELING.

- November 10—Food and Food Preparations.  
December 6—Food in Health.  
January 5—Food in Disease.  
January 31—General Hygienic Considerations.  
February 23—The Prevention of Disease.

## DR. RAYMOND D. BAKER.

- November 15—Methods and Materials for Feeding.  
December 8—Hydrotherapy.  
January 10—Diseases of Women.  
February 2—Parturition, Obstetrical Nursing.  
February 28—Constitutional, Nervous and Children's Diseases.

## DR. W. MILES GARRISON.

- November 18—Inflammation; Causes and Effect.  
December 13—Forms of Inflammation; Methods of Repair.  
January 12—The More Common Forms of Micro-Organisms.  
February 7—Poisons and their Antidotes.  
March 2—Poisons and their Antidotes.

## DR. FREDERICK C. HORSFORD.

- November 22—Inflammation, Asepsis and Antisepsis.  
December 16—Surgical Fevers, Contusions, Wounds.  
January 17—Fractures, Dislocations, New Growths.  
February 9—Sterilization, Anaesthesia, Preparation for Operation.  
March 7—Minor and Major Surgery, Emergencies.

During the term Miss Mary R. Keegan, Miss Phoebe J. Northwood and Miss Margaret Barrett will give practical instruction in Bandaging, Massage and the keeping of Temperature and other Charts, Female Department.

Mr. Henry Cook and Mr. William McPhilamy will instruct in the same subjects in the Male Department.

## TEXT-BOOKS.

Members of both classes are requested to provide themselves with the necessary books before the session beginning November 1st, 1904, and the text-books used may be selected from the following list:

## FIRST YEAR.

Anatomy and Physiology for Nurses.....	Diana C. Kimber
Manual for Nursing.....	Humphry
Essentials of Hygiene.....	Canfield
Accidents and Emergencies.....	Dulles
Outlines of Obstetrics.....	Jewett
Fever Nursing .....	Wilson
12,000 Medical Words.....	Gould

## SECOND YEAR.

Text-Book on Nursing.....	Peter M. Wise
Physiology and Hygiene.....	Brown
General Nursing .....	Weeks
Sickness and Accidents.....	Curran
Treatment and Care of the Nervous and Insane.....	Mills
Massage .....	Ostrom
Primer of Psychology.....	Burr
Surgical Nursing and Bandaging.....	Voswinkle
How to Cook for Sick and Convalescent.....	Sachs
Nursing Ethics .....	Robb
Bandaging .....	Davis

Lectures will be delivered to the Junior Class at 2 P. M., and the Senior Class at 6:30 P. M., on Tuesdays and Thursdays, throughout the session, except the third Thursday of each month. Lectures falling on that day will be given the following day, Friday.

The class will meet for instruction in Bandaging, Massage and Laboratory Work at such times as the instructors may designate.

## CHAPEL SERVICES.

The following clergymen conducted religious services in the chapel according to the schedule, and to them or their successors a similar schedule will be sent, so that the religious services will be provided for officially:

Rev. James T. Brown, D. D., Roman Catholic, Morris Plains.  
 Rev. Dr. Albert Erdman, Presbyterian, Morristown.  
 Rev. Dr. Jesse L. Hurlbut, Methodist, Morristown.  
 Rev. Dr. Ralph B. Urmey, Methodist, Morristown.  
 Rev. Dr. William H. Hughes, Episcopalian, Morristown.  
 Rev. S. Z. Batten, Baptist, Morristown.  
 Rev. Oliver C. Horsman, Baptist, Morristown.

The following is the schedule for the coming year :

#### SCHEDULE FOR CHAPEL SERVICES, 1904 AND 1905.

1904.		1905.	
November	6....Baptist.	May	7....Episcopal.
"	13....Episcopal.	"	14....Presbyterian.
"	20....Presbyterian.	"	21....Roman Catholic.
"	27....Roman Catholic.	"	28....Methodist.
December	4....Methodist.	June	4....Baptist.
"	11....Baptist.	"	11....Episcopal.
"	18....Episcopal.	"	18....Presbyterian.
"	25....Presbyterian.	"	25....Roman Catholic.
1905.			
January	1....Roman Catholic.	July	2....Methodist.
"	8....Methodist.	"	9....Baptist.
"	15....Baptist.	"	16....Episcopal.
"	22....Episcopal.	"	23....Presbyterian.
"	29....Presbyterian.	"	30....Roman Catholic.
February	5....Roman Catholic.	August	6....Methodist.
"	12....Methodist.	"	13....Baptist.
"	19....Baptist.	"	20....Episcopal.
"	26....Episcopal.	"	27....Presbyterian.
March	5....Presbyterian.	September	3....Roman Catholic.
"	12....Roman Catholic.	"	10....Methodist.
"	19....Methodist.	"	17....Baptist.
"	26....Baptist.	"	24....Episcopal.
April	2....Episcopal.	October	1....Presbyterian.
"	9....Presbyterian.	"	8....Roman Catholic.
"	16....Roman Catholic.	"	15....Methodist.
"	23....Methodist.	"	22....Baptist.
"	30....Baptist.	"	29....Episcopal.

"Each clergyman has an equal representation and is responsible for the services on the date set apart for him. If, for any reason,

he is unable to attend, it is understood that he will provide a substitute, with whom he is to arrange, so that the account of the Hospital can be kept with the clergyman responsible for the date, not with the substitute."

Adopted by the Board of Managers at a regular meeting, September 1st, 1896.

#### PATIENTS' WORK.

As in former years, I have as far as possible with our limited facilities endeavored to interest our patients in some form of legitimate employment, and for those unfitted to work I have provided and encouraged such out-door recreation as was in keeping with their tastes, habits and training before admission to the hospital.

In my previous reports I have heartily subscribed to the principle that employment and amusements judiciously selected are most important factors in the treatment of nearly all forms of mental derangement.

I append two tables showing the amount of work done by patients.

TABLE I.

NUMBER OF DAYS' WORK DONE BY PATIENTS IN THE INDUSTRIAL DEPARTMENT.

DATE.	LAUNDRY.			Kitchen.	Farm and Grounds.	Bakery.	Shops.	Sewing-room.	Miscellaneous work	Total.
	Men.	Women.	Total.							
1903.										
November .....	398	366	764	322	1,087	121	253	907	124	3,573
December .....	416	378	794	344	1,042	126	286	1,016	153	3,761
1904.										
January .....	405	435	840	304	881	124	321	876	434	3,780
February .....	359	419	778	280	852	116	310	893	490	3,719
March .....	393	465	858	298	888	104	332	987	525	3,992
April .....	384	415	799	290	947	117	313	1,002	443	3,911
May .....	415	499	914	326	1,210	100	347	991	430	4,318
June .....	373	535	908	317	1,267	94	321	911	429	4,247
July .....	382	495	877	324	1,253	93	309	883	413	4,152
August .....	426	471	897	322	1,373	95	367	970	441	4,465
September .....	380	468	848	317	1,248	95	310	916	433	4,167
October .....	357	451	808	322	1,198	102	305	835	404	3,974
Total .....	4,688	5,397	10,085	3,766	13,246	1,287	3,774	11,187	4,719	48,064

TABLE II.

NUMBER OF DAYS' WORK DONE BY PATIENTS ON THE WARDS.

1903.			
November .....	6,615	6,865	13,480
December .....	6,878	7,297	14,175
1904.			
January .....	7,083	7,293	14,376
February .....	6,726	6,988	13,714
March .....	7,190	7,636	14,826
April .....	6,960	7,315	14,275
May .....	7,143	7,715	14,858
June .....	6,893	7,212	14,105
July .....	7,099	7,432	14,531
August .....	7,555	7,477	15,032
September .....	7,360	7,037	14,397
October .....	7,695	7,504	15,199
Total .....	85,197	87,771	172,968



## CONCLUSION.

In concluding my report, I take pleasure in acknowledging the devotion of my assistants to the best interests of the hospital. Their duties have frequently been attended with trying and perplexing conditions and the service they have rendered has been most judicious and commendable. For the loyalty they have manifested toward me as Medical Director I desire to express my appreciation.

Respectfully submitted,

B. D. EVANS,

*Medical Director.*

MORRIS PLAINS, New Jersey,  
October 31st, 1904.

---

---

**STATISTICAL APPENDIX TO THE MEDICAL  
DIRECTOR'S REPORT.**

---

---

(47)



# STATISTICAL APPENDIX TO THE MEDICAL DIRECTOR'S REPORT.

TABLE I.

SHOWING THE ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR  
ENDING OCTOBER 31ST, 1904.

	Men.	Women.	Total.	Men.	Women.	Total.
In the Hospital October 31st, 1903.....	744	761	1,505			
Patients admitted—						
First Admissions .....	181	195	376			
Re-admissions .....	17	31	48			
Total .....	198	226	424			
Total number under treatment during the year.	942	987	1,929			
Patients discharged—						
Recovered .....	59	52	111			
Improved .....	14	31	45			
Unimproved .....	2	14	16			
Died .....	78	78	156			
Total .....	153	175	328			
Remaining in the Hospital.....	789	812	1,601			
Of this number are, Public..	722	724	1,446			
Private..	67	88	155			
Total .....	789	812	1,601			
Whole number admitted from August 17th, 1876, to October 31st, 1904.....	3,727	3,493	7,220			
Whole number discharged during same period of time—						
Recovered .....	860	832	1,692			
Improved .....	549	591	1,140			
Unimproved .....	247	292	539			
Died .....	1,251	966	2,217			
Eloped .....	31	..	31			
Total .....	2,938	2,681	5,619			
Remaining October 31st, 1904.....	789	812	1,601			

## NEW JERSEY STATE HOSPITAL.

TABLE II.

MONTHLY ADMISSIONS, DISCHARGES AND AVERAGES.

	ADMISSIONS.			DISCHARGES AND DEATHS.			DAILY AVERAGES.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1903.									
November .....	22	18	40	7	5	12	756.02	765.00	1,521.02
December .....	12	13	25	10	11	21	759.15	769.92	1,529.07
1904.									
January .....	12	13	25	7	10	17	760.20	775.22	1,535.42
February .....	18	18	36	7	13	20	768.03	781.33	1,549.36
March .....	22	14	36	11	15	26	782.98	783.97	1,566.95
April .....	10	30	40	17	17	34	783.97	786.37	1,570.34
May .....	21	28	49	9	20	29	785.75	796.22	1,581.97
June .....	15	21	36	12	14	26	793.45	805.93	1,599.38
July .....	19	17	36	12	11	23	798.88	806.92	1,605.80
August .....	18	14	32	18	18	36	800.15	811.08	1,611.23
September .....	11	21	32	18	21	39	798.08	807.54	1,604.62
October .....	18	19	37	25	20	45	791.46	806.35	1,597.81
Total .....	198	226	424	153	175	328	.....	.....	.....
For the year .....	.....	.....	.....	.....	.....	.....	781.43	791.32	1,572.75

TABLE III.

## NUMBER OF ATTACK OF THOSE ADMITTED.

Attack.	Men.	Women.	Total.
First .....	163	172	335
Second .....	22	36	58
Third .....	7	7	14
Fourth .....	5	6	11
Fifth .....	..	2	2
Sixth and over.....	1	3	4
Total .....	198	226	424

TABLE IV.

## AGE WHEN ATTACKED.

Age.	Men.	Women.	Total.
Under fifteen years.....	3	2	5
Fifteen to twenty years.....	19	14	33
Twenty to twenty-five years.....	10	20	30
Twenty-five to thirty years.....	24	39	63
Thirty to thirty-five years.....	18	28	46
Thirty-five to forty years.....	20	25	45
Forty to forty-five years.....	20	15	35
Forty-five to fifty years.....	28	31	59
Fifty to sixty years.....	29	22	51
Sixty to seventy years.....	14	19	33
Seventy to eighty years.....	9	9	18
Eighty years and over.....	4	2	6
Total .....	198	226	424

TABLE V.

## NATIVITY OF THOSE ADMITTED.

Nativity.	Men.	Women.	Total.
Connecticut .....	1	1	2
Delaware .....	..	1	1
Illinois .....	1	2	3
Iowa .....	1	1	2
Massachusetts .....	4	..	4
New Jersey .....	78	65	143
New York .....	15	18	33
North Carolina .....	..	2	2
Pennsylvania .....	9	3	12
South Carolina .....	2	2	4
Virginia .....	2	6	8
United States .....	10	32	42
Austria .....	4	7	11
Belgium .....	1	..	1
Canada .....	2	1	3
Denmark .....	..	1	1
England .....	9	10	19
Germany .....	15	14	29
Holland .....	..	3	3
Hungary .....	5	..	5
Ireland .....	16	26	42
Italy .....	12	5	17
Poland .....	4	2	6
Russia .....	2	6	8
Scotland .....	3	7	10
Sweden .....	..	1	1
Switzerland .....	..	3	3
France .....	2	3	5
Spain .....	..	1	1
Syria .....	..	1	1
Mexico .....	..	1	1
Unknown .....	..	1	1
Total .....	198	226	424

TABLE VI.

## RESIDENCE OF THOSE ADMITTED.

Counties.	Men.	Women.	Total.
Bergen .....	23	32	55
Essex .....	43	36	79
Hudson .....	11	27	38
Morris .....	21	19	40
Passaic .....	39	50	89
Sussex .....	11	5	16
Union .....	37	43	80
Warren .....	9	9	18
Monmouth .....	2	1	3
Somerset .....	1	3	4
Burlington .....	..	1	1
New York State .....	1	..	1
Total .....	198	226	424

TABLE VII.

## CIVIL CONDITION OF THOSE ADMITTED.

Civil Condition.	Men.	Women.	Total.
Single .....	93	79	172
Married .....	89	113	202
Widowed .....	16	34	50
Total .....	198	226	424



TABLE VIII.

## OCCUPATION OF THOSE ADMITTED.

Occupation.	Men.	Women.	Total
Artisans .....	21	16	37
Barbers .....	2	..	2
Brokers .....	2	..	2
Bleachers .....	1	..	1
Butchers .....	2	..	2
Carpenters .....	9	..	9
Clerks .....	19	7	26
Dressmakers .....	..	3	3
Electricians .....	2	..	2
Farmers .....	10	..	10
Hotelkeepers .....	3	..	3
Housekeepers .....	..	21	21
Housewives .....	..	106	106
Insurance Agents.....	2	..	2
Laborers .....	48	..	48
Lawyers .....	1	..	1
Liverymen .....	1	..	1
Machinists .....	10	..	10
Mechanical Engineers.....	1	..	1
Mechanics .....	2	..	2
Merchants .....	8	..	8
Musicians .....	1	..	1
Nurses .....	..	2	2
Sailors .....	1	..	1
Salesmen .....	6	..	6
Servants .....	5	27	32
Shoemakers .....	4	..	4
Students .....	..	4	4
Teachers .....	..	1	1
Motormen .....	1	..	1
Physicians .....	4	..	4
Editors .....	1	..	1
Bookkeepers .....	3	..	3
Stenographers .....	..	1	1
No Occupation .....	28	38	66
Total .....	198	226	424

TABLE IX.

## MENTAL DISEASE OF THOSE ADMITTED.

Mental Disease.	Men.	Women.	Total.
Mania, acute.....	18	50	68
Mania, chronic .....	..	2	2
Mania, epileptic.....	7	1	8
Mania, puerperal.....	..	7	7
Mania, recurrent.....	1	8	9
Mania, toxic.....	22	8	30
Melancholia, acute.....	43	70	113
Melancholia, agitata.....	4	4	8
Melancholia, chronic.....	5	2	7
Melancholia, recurrent.....	4	2	6
Dementia, epileptic.....	1	..	1
Dementia, organic.....	4	3	7
Dementia, paretic.....	25	5	30
Dementia, terminal.....	5	1	6
Dementia, primary.....	1	..	1
Dementia, senile.....	19	25	44
Imbecility .....	6	6	12
Insane Neuroses, hypochondria.....	1	..	1
Insane Neuroses, hysteria.....	..	2	2
Insanity, adolescent.....	14	19	33
Insanity, pubescent.....	3	..	3
Idiocy .....	..	2	2
Imbecility with mania.....	2	2	4
Paranoia .....	11	7	18
Habitual drunkard.....	1	..	1
Not insane.....	1	..	1
Total .....	198	226	424

TABLE X.

## MANNER OF SUPPORT OF THOSE ADMITTED.

How Supported.	Men.	Women.	Total.
State .....	44	37	81
County .....	118	139	257
Private .....	36	50	86
Total .....	198	226	424

TABLE XI.

## ALLEGED CAUSE OF INSANITY OF THOSE ADMITTED.

Causes.	Men.	Women.	Total.
Physical—			
Cerebral hemorrhage.....	1	..	1
Congenital .....	1	..	1
Cerebral paralysis.....	1	2	3
Childbirth .....	..	5	5
Epilepsy .....	7	1	8
General ill health.....	4	3	7
Grippe .....	2	3	5
Heredity .....	17	28	45
Idiocy .....	1	2	3
Injury .....	8	3	11
Intemperance and other excesses.....	30	9	39
Masturbation .....	6	..	6
Menopause .....	..	17	17
Meningitis .....	..	1	1
Old Age .....	6	23	29
Over work.....	6	..	6
Puberty .....	..	1	1
Sunstroke .....	2	..	2
Syphilis .....	14	..	14
Sexual perversion.....	1	..	1
Uterine disease.....	..	3	3
Pregnancy .....	..	3	3
Puerperium .....	..	5	5
Exophthalmic Goitre.....	..	1	1
Apoplexy .....	1	..	1
Total .....	108	110	218
Moral—			
Business troubles.....	2	1	3
Domestic troubles.....	..	3	3
Disappointed affections.....	..	4	4
Financial reverses.....	1	..	1
Fright ..	..	2	2
Grief ..	..	3	3
Religious excitement.....	3	6	9
Worry .....	10	15	25
Jealousy .....	1	..	1
Total .....	17	34	51
Total physical.....	108	110	218
Total moral.....	17	34	51
Unassigned .....	73	82	155
Total .....	198	226	424

TABLE XII.

## COMPLICATIONS OF THOSE ADMITTED.

Complications.	Men.	Women.	Total.
Anaemia .....	1	..	1
Arterio-sclerosis .....	16	15	31
Blindness .....	1	..	1
Dumbness .....	1	1	2
Bronchitis, chronic.....	4	2	6
Endocarditis .....	5	9	14
Epididymitis .....	4	..	4
Epilepsy .....	7	1	8
Exophthalmic Goltre.....	..	1	1
Goltre .....	..	1	1
Gastritis .....	1	..	1
Hydrocele .....	1	..	1
Hernia .....	8	..	8
Locomotor Ataxia.....	1	..	1
Malarial Fever.....	1	..	1
Nephritis .....	7	9	16
Otitis .....	..	1	1
Pneumonia .....	..	1	1
Pulmonary Tuberculosis.....	4	3	7
Rheumatism .....	3	1	4
Strabismus .....	1	..	1
Syphilis .....	18	2	20
Varicose Veins.....	2	..	2
Varicocele .....	6	..	6
Meningitis .....	1	..	1
Paralysis .....	3	..	3
Homicidal tendencies.....	45	27	72
Suicidal tendencies.....	44	58	102
Without complications.....	137	197	334

In this table patients who had a number of complications have been noted more than once; therefore the total would have no significance.

TABLE XIII.

## HEREDITY OF THOSE ADMITTED.

Heredity.	Men.	Women.	Total.
Insanity in family.....	39	46	85
Hereditary taint denied.....	73	44	117
Hereditary history unobtainable.....	86	136	222
Total .....	198	226	424

TABLE XIV.

## DURATION OF DISEASE BEFORE ADMISSION.

Duration.	Men.	Women.	Total.
Under one month.....	50	72	122
One to three months.....	52	58	110
Three to six months.....	19	27	46
Six to twelve months.....	23	15	38
One to two years.....	18	11	29
Two to three years.....	12	17	29
Three to four years.....	5	6	11
Four to five years.....	2	5	7
Five to ten years.....	4	8	12
Ten to twenty years.....	3	2	5
Over twenty years.....	3	1	4
Unknown .....	7	4	11
Total .....	198	226	424

TABLE XV.

## AGE WHEN ATTACKED OF THOSE RESTORED.

Age.	Men.	Women.	Total.
Under fifteen years.....	1	1	2
Fifteen to twenty years.....	6	4	10
Twenty to twenty-five years.....	8	8	16
Twenty-five to thirty years.....	5	14	19
Thirty to thirty-five years.....	7	4	11
Thirty-five to forty years.....	10	3	13
Forty to forty-five years.....	4	5	9
Forty-five to fifty years.....	8	8	16
Fifty to sixty years.....	9	5	14
Sixty to seventy years.....	1	..	1
Total .....	59	52	111

TABLE XVI.

## DURATION BEFORE ADMISSION OF THOSE RESTORED.

Duration.	Men.	Women.	Total.
Under one month.....	14	13	27
One to three months.....	23	20	43
Three to six months.....	10	9	19
Six to twelve months.....	5	3	8
One to two years.....	1	5	6
Over two years.....	6	2	8
Total .....	59	52	111

TABLE XVII.

## DURATION OF TREATMENT OF THOSE RESTORED.

Duration.	Men.	Women.	Total.
Under one month.....	4	2	6
One to two months.....	5	3	8
Two to three months.....	6	11	17
Three to four months.....	4	5	9
Four to five months.....	9	10	19
Five to six months.....	8	5	13
Six to nine months.....	8	9	17
Nine to twelve months.....	3	3	6
Twelve to eighteen months.....	4	2	6
Eighteen to twenty-four months.....	5	1	6
Over two years.....	3	1	4
Total .....	59	52	111

TABLE XVIII.

## MENTAL DISEASE OF THOSE RESTORED.

Mental Disease.	Men.	Women.	Total.
Mania, acute.....	13	10	23
Mania, acute delirious.....	..	1	1
Mania, puerperal.....	..	2	2
Mania, recurrent.....	1	..	1
Mania, toxic.....	14	5	19
Melancholia, acute.....	18	21	39
Melancholia, agitata.....	1	3	4
Melancholia, chronic.....	2	..	2
Melancholia, recurrent.....	1	1	2
Melancholia, stuporous.....	1	..	1
Insanity, adolescent.....	5	8	13
Insanity, pubescent.....	2	..	2
Insane Neuroses, hypochondria.....	1	1	2
Habitual drunkard.....	1	..	1
Total .....	59	52	111

TABLE XIX.

## AGE AT DEATH.

Age.	Men.	Women.	Total.
Ten to twenty years.....	2	..	2
Twenty to twenty-five years.....	3	1	4
Twenty-five to thirty years.....	4	1	5
Thirty to thirty-five years.....	2	9	11
Thirty-five to forty years.....	6	9	15
Forty to forty-five years.....	4	3	7
Forty-five to fifty years.....	13	7	20
Fifty to sixty years.....	13	14	27
Sixty to seventy years.....	15	17	32
Seventy to eighty years.....	10	12	22
Eighty to ninety years.....	6	5	11
Total .....	78	78	156
Average age at death.....	54.07	54.39	54.23

TABLE XX.

## MENTAL DISEASE OF THOSE WHO DIED.

Mental Disease.	Men.	Women.	Total.
Mania, acute.....	1	14	15
Mania, chronic.....	1	..	1
Mania, toxic.....	2	..	2
Melancholia, acute.....	3	7	10
Melancholia, agitata.....	1	..	1
Melancholia, chronic.....	3	5	8
Dementia, epileptic.....	2	3	5
Dementia, organic.....	2	3	5
Dementia, parietic .....	19	..	19
Dementia, primary.....	..	1	1
Dementia, senile.....	15	17	32
Dementia, terminal.....	25	27	52
Insanity, pubescent.....	2	..	2
Imbecility with epilepsy.....	2	1	3
Total .....	78	78	156

TABLE XXI.

## CAUSES OF DEATH.

Causes.	Men.	Women.	Total.
<b>Mania—</b>			
Acute, with diabetic coma.....	1	..	1
Acute, with puerperal sepsis.....	..	1	1
Acute, with pulmonary oedema.....	..	2	2
Acute, with exhaustion.....	..	5	5
Acute, with tuberculosis.....	..	2	2
Acute, with pneumonia.....	..	1	1
Acute, with nephritis.....	..	2	2
Toxic, with pulmonary collapse.....	1	..	1
Toxic, with meningitis.....	1	..	1
Chronic, with dysentery and nephritis.....	1	..	1
<b>Melancholia—</b>			
Acute, with exophthalmic goitre.....	..	1	1
Acute, with chronic nephritis.....	..	3	3
Acute, with locomotor ataxia.....	1	..	1
Acute, with inanition.....	..	1	1
Acute, with exhaustion.....	1	2	3
Acute, with tuberculosis.....	1	..	1
Agitated, with exhaustion.....	1	..	1
Chronic, with carcinoma of uterus.....	..	1	1
Chronic, with pneumonia.....	1	1	2
Chronic, with tuberculosis.....	2	1	3
Chronic, with diabetic gangrene.....	..	1	1
Chronic, with cerebral hemorrhage.....	..	1	1
<b>Dementia—</b>			
Epileptic, with nephritis.....	1	..	1
Epileptic, with exhaustion.....	..	2	2
Epileptic, with pneumonia.....	1	..	1
Epileptic, with tubercular pleurisy.....	..	1	1
Organic, with pneumonia.....	..	1	1
Organic, with exhaustion.....	1	1	2
Organic, with nephritis.....	1	1	2
Paretic, with convulsions.....	4	..	4
Paretic, with exhaustion.....	9	..	9
Paretic, with nephritis.....	3	..	3
Paretic, with pneumonia.....	2	..	2



Paretic, with tuberculosis.....	1	..	1
Primary, with nephritis.....	..	1	1
Senile, with cerebral hemorrhage.....	1	..	1
Senile, with endocarditis.....	4	1	5
Senile, with erysipelas.....	1	..	1
Senile, with exhaustion.....	7	7	14
Senile, with nephritis.....	2	3	5
Senile, with pneumonia.....	3	..	3
Senile, with convulsions.....	..	1	1
Senile, with asthenia.....	..	3	3
Senile, with colitis.....	..	2	2
Senile, with chronic enteritis.....	1	..	1
Terminal, with cerebral hemorrhage.....	3	3	6
Terminal, with endocarditis.....	2	3	5
Terminal, with exhaustion.....	9	2	11
Terminal, with nephritis.....	4	3	7
Terminal, with pneumonia.....	1	5	6
Terminal, with tuberculosis.....	..	6	6
Terminal, with inanition.....	..	2	2
Terminal, with accidental asphyxiation .....	1	..	1
Terminal, with accidental drowning.....	1	..	1
Terminal with pleurisy with effusion.....	..	1	1
Terminal, with colitis.....	..	1	1
Terminal, with epilepsy.....	..	1	1
Terminal, with asthenia.....	..	1	1
Insanity, pubescent with pulmonary oedema .....	1	..	1
Insanity, pubescent with inanition.....	1	..	1
Imbecility, with catarrhal colitis.....	..	1	1
Imbecility, with status epilepticus.....	1	..	1
Imbecility, with epilepsy and exhaustion.....	1	..	1
Total .....	78	78	156

TABLE XXII.

SHOWING YEARLY INCREASE OF POPULATION SINCE OPENING OF INSTITUTION.

Year.	Men.	Women.	Total.	Increase.
October 21st, 1876.....	159	183	342	..
October 31st, 1877.....	216	229	445	103
October 31st, 1878.....	227	253	480	35
October 31st, 1879.....	248	279	527	47
October 31st, 1880.....	277	309	586	59
October 31st, 1881.....	310	331	641	55
October 31st, 1882.....	321	346	667	26
October 21st, 1883.....	330	377	707	40
October 31st, 1884.....	371	374	745	38
October 31st, 1885.....	415	414	829	84
October 31st, 1886.....	415	441	856	27
October 31st, 1887.....	434	439	873	17
October 31st, 1888.....	463	441	905	31
October 31st, 1889.....	427	430	*857	..
October 31st, 1890.....	450	436	886	29
October 31st, 1891.....	455	443	898	12
October 31st, 1892.....	471	478	949	51
October 31st, 1893.....	509	500	1,009	60
October 31st, 1894.....	520	530	1,050	41
October 31st, 1895.....	541	575	1,116	66
October 31st, 1896.....	538	550	**1,088	..
October 31st, 1897.....	593	584	1,177	89
October 31st, 1898.....	618	618	1,236	59
October 31st, 1899.....	658	644	1,302	66
October 31st, 1900.....	696	693	1,389	87
October 31st, 1901.....	707	683	x1,390	1
October 31st, 1902.....	729	732	1,461	71
October 31st, 1903.....	744	761	xx1,505	44
October 31st, 1904.....	789	812	1,601	96

\*One hundred patients transferred to Essex County Hospital.

\*\*Eighty-five patients transferred to Hudson County Hospital.

xTwenty-five patients removed by Hudson and Passaic counties.

xxNineteen private patients removed to Sailors' Snug Harbor, N. Y.











SURGICAL DRESSING ROOM—MALE DEPARTMENT

---

REPORT OF  
H. A. Cossitt, M.D., Pathologist.

---

(65)





# Report in Pathology.

---

*To the Medical Director :*

From the fact that annual reports are, for the most part, read by persons who are unfamiliar with the professional aspect of the subject-matter, and by only a few who care for, or are interested in, the highly technical phases, I have thought it proper to make this report a somewhat detailed statement of the general work done in the laboratory, and leave the more highly specialized pathological and histological work a matter of laboratory record, to be reviewed and inspected by you and others interested when desired.

The following tabulations show the number of autopsies performed, the forms of the mental diseases, together with the laboratory, clinical and complete post-mortem findings, and a brief summary of the most important autopsy findings in each case :

TABLE I.

AUTOPSIES.

Complete examinations.....	12
Examination of brain only.....	1
Examination of thoracic, abdominal and pelvic cavities only.....	2
Total number of autopsies for the year.....	15

TABLE II.

MENTAL DISEASE.

Melancholia, acute .....	1
Melancholia, chronic .....	1
Dementia, epileptic .....	1
Dementia, organic .....	2
Dementia, terminal .....	10
Total .....	15

TABLE III.

## SUMMARY OF AUTOPSIES SHOWING LABORATORY, CLINICAL AND POST-MORTEM FINDINGS.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings	Hours after death.	Anatomical Diagnosis.
306	F	64	W	Dementia terminal	24 years.	Blood— Erythrocytes, 3,140,000. Leucocytes, 18,600 Hemoglobin, per cent. 55. Color index, 0.87% Small lymphocytes, 3.8% Large lymphocytes, 2.5% Polymorphonuclear, 93.7% Eosinophiles, 0.0% "Mast Cells," 0.0% Iodine reaction, negative. Blood dark; coagulates rapidly.  Urine— Cloudy, acid, Sp. gr. 1017. Trace albumin, Many hyaline and granular casts. Pus cells. Epithelial cells.  Blood and urinalysis one day after cerebral hemorrhage. Died on eighth day.	Acute cerebral hemorrhage region left internal capsule. Paralysis left side tongue, right arm, right leg. Violent twitching of right arm and leg. Incontinence urine, involuntary movements bowels. Cheyne-Stokes' respiration. Left cheek very dark red; right very pale. Petechia on right leg. Reflexes increased on right side. Loud systolic aortic murmur base heart. Edema legs. Arteries thickened and tortuous. Pulse full; high tension.	9	Chronic meningo-encephalitis. Acute cerebral hemorrhage with cortical congection and softening. Chronic endocarditis. Hypostatic pneumonia. General arterio-sclerosis. Chronic diffuse nephritis. Splenic atrophy with fatty degeneration.

TABLE III.—Continued.

Number.	Sex.	Age.	(Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
307	F	43	W.	Melancholia, acute	9 months.	Blood— Erythrocytes, 439,000. Leucocytes, 2,100. Hemoglobin, per cent. 18. Color Index, 2.1-. Blood, pale, watery; exagulation very slow. Sp. brownish. Wavy pulsation of cardiac area. Rouleau formation Cardiac hypertrophy; blowing hemic murmur nearly absent. Polychromatosis, heard at base, to left of sternum; soft thrill felt. Marked polychromatophilia, over cardiac region. Pulse, wavy, low tension. Normoblasts. Megaloblasts, rapid, regular. Breathing sounds high pitched. Microcytes. Small lymphocytes. Sharp. Liver and spleen not palpable. Arteries normal thickness. Musculature flabby. Legs edematous.	Pernicious anemia. Skin lemon yellow color, with areas of mottled pigmentation: more marked in axillae, on neck, knee joints and abdomen. Conjunctivae bloodless and yellow tint. Mucous membranes bloodless. Tongue, dry, brownish. Wavy pulsation of cardiac area. Cardiac hypertrophy; blowing hemic murmur at base, to left of sternum; soft thrill felt over cardiac region. Pulse, wavy, low tension. Breathing sounds high pitched. Liver and spleen not palpable. Arteries normal thickness. Musculature flabby. Legs edematous.	19	Pachymeningitis hemorrhagica interna, with petechial hemorrhages. Cystic left lateral ventricle. Serous effusion in pericardial sac, pleural and peritoneal cavities. Healed tubercular nodules in apices lungs. Moderate cardiac hypertrophy. Fatty degeneration of heart. Chronic endocarditis. Atheroma aorta. Areas of fatty degeneration of arteries. Pulmonary edema. Fatty degeneration of liver. Chronic interstitial nephritis with atrophy and deposits of iron. Chronic interstitial splenitis with deposits of iron. Cystic degeneration ovaries. Deposits of iron in head of pancreas. Sclerosis posterior column spinal cord.

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Finding.	Hours after death	Anatomical Diagnosis.
308 F		32 W		Melancholia, chronic	1 yr., 6 mo.	Urine— Cloudy, acid. Sp. gr., 1015. No albumin. Pus cells, Bac- teria. Squamous epithelial cells. Few hyaline casts.	Multiple sclerosis. Marked continual tremors of or athetoid movements of left arm, hand and fin- gers. Slight tremors in right arm and both legs, being more marked in left leg. Incoordination left arm; less in right. Speech thick, hesitating. Gait typical of cerebellar disease. Walks with wide base and spastic. Cannot stand with eyes closed or feet together. Incontinence urine. Ir- regular heart action. Fine tremors tongue and labial muscles.	1	Pachymeningitis he- morrhagica interna and many petechial he- morrhages. Sclerosis of vessels base of brain. Cerebral atrophy. Hy- postatic pulmonary congestion. Atheroma aorta. Cardiac atrophy. Passive hepatic con- gestion. Chronic diffuse nephritis. Chronic cy- stitis. Perforating ulcer heel.

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
309	F	68	W	Dementia, terminal	17 years.	<p>Sputum— Many pneumococci. No tubercle bacilli.</p> <p>Blood— Erythrocytes, 4,850,000. Leucocytes, 21,800. Hemoglobin, per cent. 70. Color index, 0.80. Polymorphonuclear leucocytes, 95.1 per cent. No eosinophiles. Iodine reaction positive.</p> <p>Urine— Cloudy, acid. Sp. gr., 1018. Chlorides absent. Urea, 4.2 per cent. Pathological urobilin. Albumin 13 per cent. per vol. Very many granular and hyaline casts and debris.</p> <p>Sputum, blood and urine examined second day of acute lobar pneumonia.</p>	<p>Acute lobar pneumonia. Consolidation upper lobe right lung, followed by symptoms of pulmonary edema. Cyanosis fingers and lips. Right cheek very dark red color. Heart sounds feeble. Mitral and aortic systolic murmur. Arteries thickened and tortuous. Passes small amount of urine. Symptoms of chronic nephritis. Liver and spleen palpable, smooth.</p>	13	<p>Chronic meningitis, with acute cephalitis, with acute pachymeningitis hemorrhagic internally. Cystic degeneration of pia-arachnoid.</p> <p>Moderate cardiac hypertrophy, with fatty degeneration. Chronic endocarditis. Atheroma aorta. Arterio-sclerosis. Effusion in pleural cavity. Red hepatization upper lobe right lung. Congestion entire left lung. Chronic interstitial nephritis. Nutmeg liver. Chronic congestion of spleen with hypertrophy. Chronic peritonitis. Atrophy right ovary. Absence left ovary and fallopian tube.</p>

TABLE III.—Continued.

Number	Sex	Age	Color	Mental Disease	Duration	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings	Hours after death	Anatomical Diagnosis
310 M	60 W	Decontin. terminal			10 years.	Urine— Cloudy, acid. Sp. gr. 1.016. Chlorides nearly absent. Urea, 2.8. Albumin present. Hyaline line and finely granular casts. Blood— Leucocytes, 12,300. Poly- morphonuclear, absolute in- crease.	Ganerosus cellulitis; one-half leg and foot. Cardiac hypertrophy. Apex beat sixth inter- space in nipple line. Mitral systolic murmur. Pulse full. Arteries very much thickened and hard. Dullness and high pitched breathing at apex and base of right lung. Marked hypertrophy: middle lobe prostate gland; hard and nodular.	12	Ganerosus cellulitis of leg and foot. Chronic pleurisy (dry). Hypostatic pulmonary consolidation. Moderate cardiac hypertrophy. Chronic endocarditis. Atheroma aorta. Sclerosis coronary arteries. Arterio-sclerosis. Chronic hepatitis with contraction. Chronic interstitial nephritis. Chronic interstitial splenitis. Hypertrophy middle lobe prostate gland.

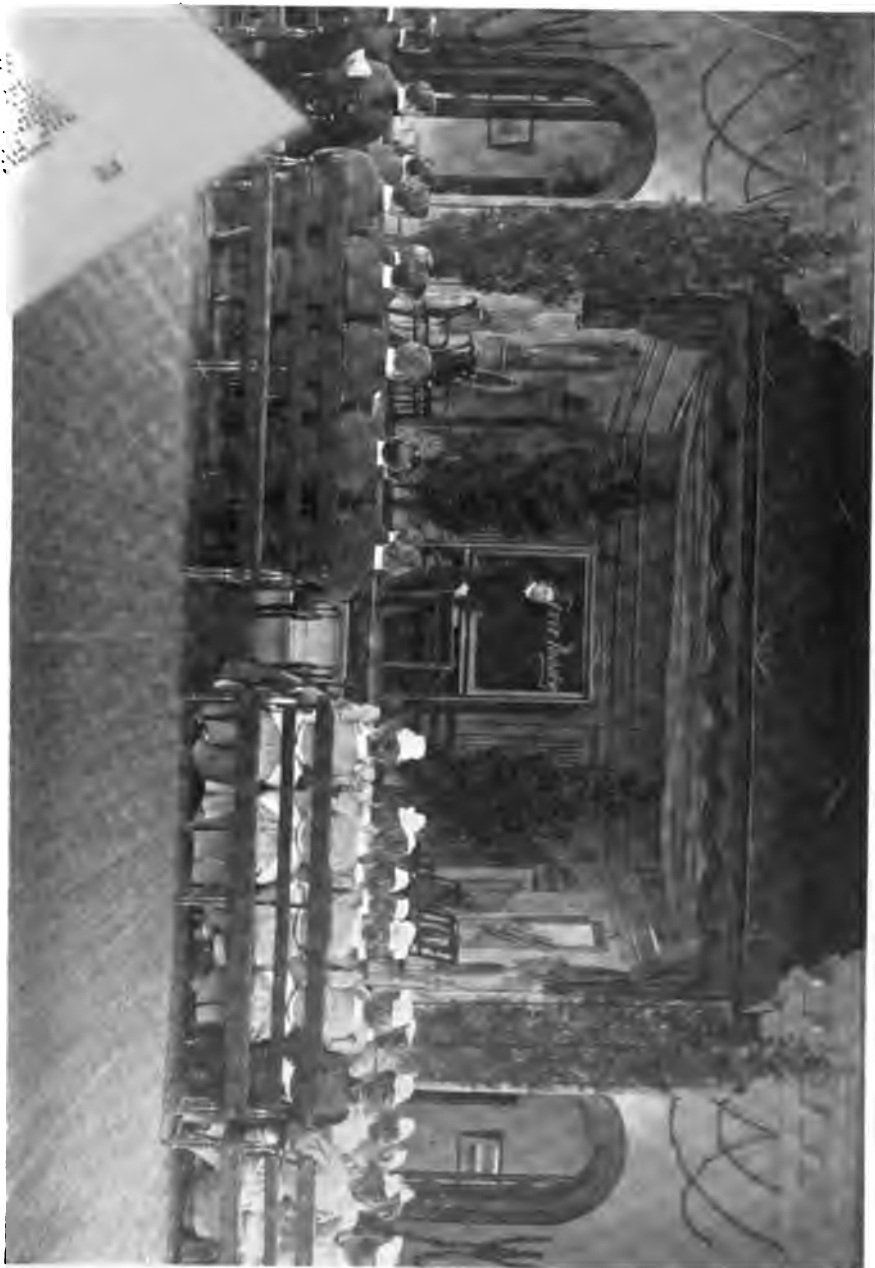
TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease	Duration.	Laboratory Examinations— Sputum Blood Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
311	F	48	W	Dementia, organic	5 months.	<p>Urine— Cloudy, acid. Sp. gr., 1020. Albumin, 6.5 per cent. vol. Hyaline casts. Cylindroids. Many pus cells. Squamous epithelial cells.</p> <p>Sputum— No tubercle bacilli found.</p>	<p>Syphilis. Very anemic, extremely emaciated. General anasarca about face. Edema of legs at times. Temperature subnormal. Pulse very slow, 40 to 70, weak. Respiration 12 to 14. Increased dullness and vocal fremitus over right upper lobe posteriorly. Myxedema over chest muscles. Heart dilated, accentuated second sound, no murmurs. Pupils equal and react. Gait normal. Reflexes exaggerated. Entire right kidney palpable; is twice its normal size, smooth, regular outline, extends low as umbilicus. Left kidney enlarged and palpable. Last five days before death secreted no urine. Temperature reached 103°. Pulse became rapid and weak. No signs of cerebral pressure or irritation developed.</p>	16	<p>Pachymeningitis chronic. Specific tumor frontal lobe of brain. Necrosis of cribriform plate of ethmoid and supraorbital plates. Fatty degeneration of heart. Atheroma aorta. General arteriosclerosis. Encephalitis of mesentery. Cystic hepatic degeneration with complete cystic formation of right lobule. Cystic degeneration of kidneys (syphilitic). Chronic ovaritis. Retroflexion uterus. Chronic gastritis. Pyophilic splenitis with fibrous hyperplasia.</p>



TABLE III.—Continued.

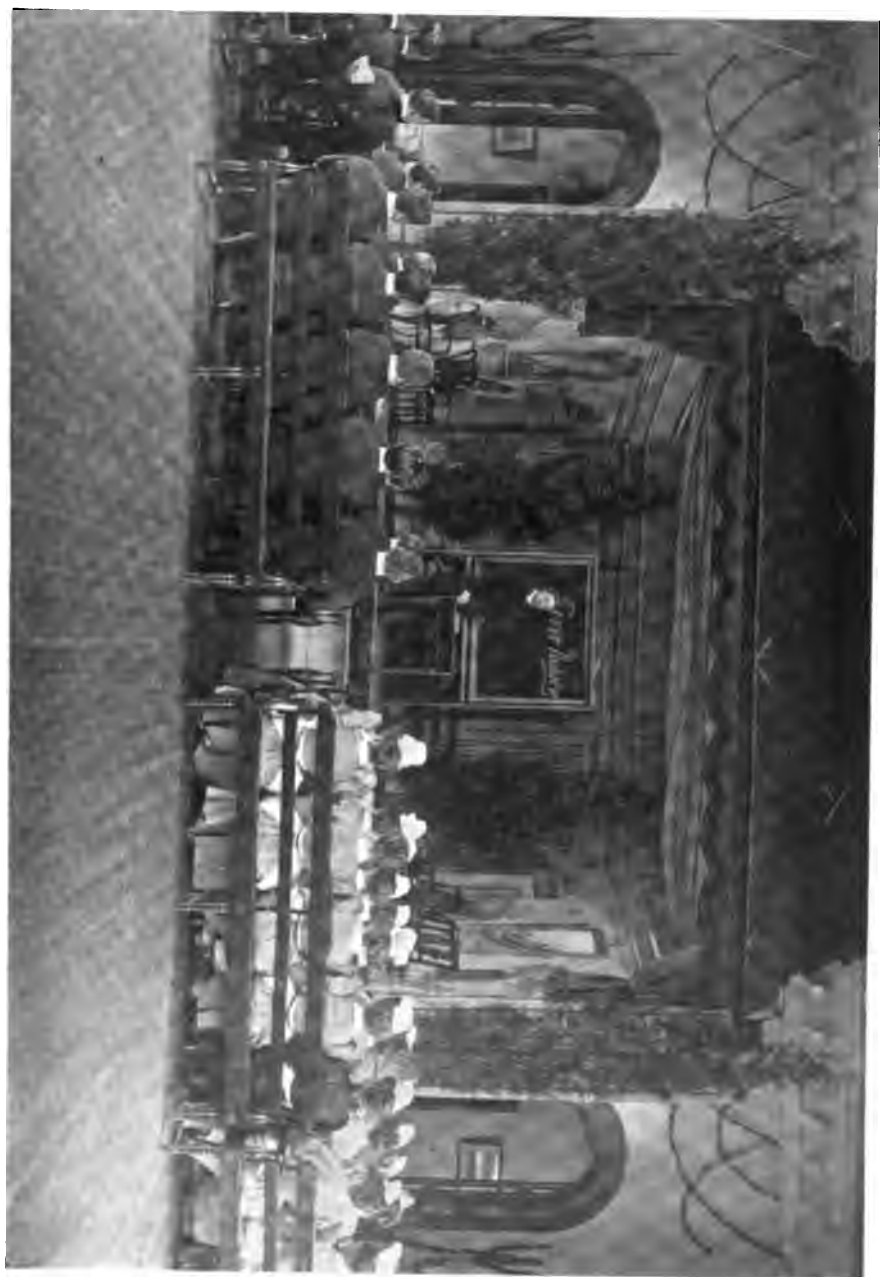
Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and General Findings.	Course after death.	Anatomical Diagnosis.
312 F		46 C		Dementia, terminal.	13 years.	<p><b>Blood—</b> Erythrocytes, 3,028,000. Leucocytes, 5,040. Hemoglobin, per cent. 47. Color index, 0.77.</p> <p><b>Urine—</b> Brick red. Alkaline. Sp. gr., 1012. Albumin, 2.75 per cent. per vol. Squamous and round epithelial cells. Pus cells. Bacteria. Few hyaline casts.</p>	<p>Syphilis. Conjunctivae and mucus membranes jaundiced. Tricuspid regurgitation heard in first intercostal space, partially transmitted. Second cardiac sound accentuated and roughened. Pulse small in volume; low tension, regular, compressible. Aortic obstruction, with slight incompetency of aortic valve. Liver palpable, hard, nodular, three inches above umbilicus. Syphilitic hepatic cirrhosis. Splenic enlargement one and a half inches below costal margin, hard, sharply defined, splenic notch plainly felt. Kidneys palpable, smooth, floating left kidney. Complete paralysis of third cranial nerve; cleared up under Potassium Iodide.</p>	<p>1. Sudden death.</p>	<p>1. Congenous cellulitis of leg and foot. 2. Pleurisy (dry). 3. Chronic pulmonary tr. 4. Moderate arterio-sclerosis. 5. Calcification of arteries. 6. Syphilitic atherosclerosis with varicose arteries. 7. Syphilitic peritrophic lesions of liver, with cirrhosis. 8. Chronic nephritis (syphilitic). 9. Chronic gastritis. 10. Chronic cholecystitis. 11. Cholelithiasis. 12. Syphilitic splenitis, with fibrous hyperplasia and marked adhesions.</p>



TRAINING SCHOOL, AT LECTURE.

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
312 F	46 C			Dementia, terminal.	13 years.	<p><b>Blood</b>— Erythrocytes, 3,028,000. Leucocytes, 5,040. Hemaglobin, per cent. 47. Color index, 0.77.</p> <p><b>Urine</b>— Brick red. Alkaline. Sp. gr., 1012. Albumin, 2.75 per cent. per vol. Squamous and round epithelial cells. Pus cells. Bacteria. Few hyaline casts.</p>	<p>Syphilis. Conjunctivae and mucus membranes jaundiced. Tricuspid regurgitation pulsation in neck; wavy pulsation over precordial area. Diffused apex beat. Diastolic apex thrill. Cardiac hypertrophy, with hypertrophy of left ventricle. Loud blowing systolic murmur heard in first intercostal space, partially transmitted. Second cardiac sound accentuated and roughened. Pulse small in volume; low tension, regular, compressible. Aortic obstruction, with slight incompetency of aortic valve. Liver palpable, hard, nodular, three inches above umbilicus. Syphilitic hepatic cirrhosis. Spleen enlargement one and a half inches below costal margin, hard, sharply defined, splenic notch plainly felt. Kidneys palpable, smooth, floating left kidney. Complete paralysis of third cranial nerve; cleared up under Potassium Iodide.</p>	1	<p>Chronic pachypleptomeningitis. Pachymeningitis. Hemorrhagic infarct. Cerebral softening. Chronic pleurisy. Cardiac hypertrophy. Dilatation right auricle and ventricle. Hypertrophy left ventricle. Chronic endocarditis. Calcareous degeneration of aorta. General arterio-sclerosis. Patulous umbilical vein with varicosities. Hypertrophic syphilitic cirrhosis liver, with adhesions. Chronic diffuse nephritis (syphilitic). Chronic gastritis. Chronic cholecystitis. Cholelithiasis. Syphilitic splenitis, with fibrous hyperplasia and marked adhesions.</p>



TRAINING SCHOOL, AT LECTURE.



TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
313	M	64	W	Dementia, terminal	19 years.	<p>Blood— Leucocytes, 9,700. Hemaglobin, per cent, 100. Small lymphocytes, 1.4 per cent. Large lymphocytes, 9.5 per cent. Polymorphonuclear, 89.1.</p> <p>Urine— Amber, acid. Sp. gr., 1026. Urea, 1.9 per cent. Chlorides, 0.25 per cent. Indian diminished. Albumin present. Hyaline casts. Pus cells. Bacteria.</p> <p>Amount urine diminished to 24 ounces urine in 24 hours.</p>	<p>Pleuritic friction sounds. Apex heart beat in nipple line. Pulse full, regular; no increased tension. Arteries thickened. Liver area of dullness diminished. Had convulsion just before death. Chronic diffuse nephritis.</p>	18	<p>Chronic pachycephalitis. Cerebral atrophy. Chronic pleurisy (dry). Hypostatic pulmonary congestion. Moderate cardiac hypertrophy. Hypertrophy left ventricle. Passive hepatic congestion. Dilatation pelvis right kidney. Chronic diffuse nephritis. Chronic cystitis. Chronic interstitial splenitis. Chronic adhesions intestines and omentum.</p>

TABLE III.—Continued.

Number.	Sex.	Age.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
314 F	62	W	Dementia, terminal	32 years.	<p><b>Blood</b>— Erythrocytes, 3,912,000. Leucocytes, 23,800. Hemoglobin, 102 per cent. 80. Color index, 1.02. Small lymphocytes, 2.4 per cent. Large lymphocytes, 2.4 per cent. Polymorphonuclear, 95.2 per cent. Eosinophiles, 0. per cent. "Mast Cells," 0. per cent. Polychromatophilia. No plasmodium malaria. Wid- al reaction negative.</p> <p><b>Urine</b>— Cloudy, acid. Sp. gr., 1023. Chlorides, 0.25 per cent. per vol. Albumin, .5 per cent. per vol. Urea, 4.6 per cent. Urobilin increased. Many granular and hyaline casts. Pus cells. Bacteria.</p> <p><b>Sputum</b>— Many pneumonococci. No tubercle bacilli. Blood, urine and sputum examinations made fourth day of acute lobar pneumonia.</p>	<p>Bronchial and high-pitched breathing apices duller, followed by acute lobar pneumonia. Comp- tant rales of entire left lung. Heart sound muffled. Cardiac hypertrophy. Arteries thickened and tortuous. Symptoms of chronic diffuse nephritis.</p>	4	<p>Chronic pleurisy with effusion. Old tubercular processes apices duller. Gray hepatization of right lung. Con- pation entire left lung. Sero-fibrinous peri- carditis. Cardiac hy- pertrophy, with dilata- tion of right heart and hypertrophy left heart. Fatty degeneration of heart. Chronic endocar- ditis. Arterio-sclerosis. Calcareous degenera- tion of aorta. Fatty de- generation of liver. Chronic diffuse nephri- tis. Chronic interstitial splenitis. Chronic cystitis.</p>

TABLE III.—Continued.

Number.	Sex.	Age.	Mental Disease	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
315	f	33	W Dementia, epileptic	33 years.	<p>Blood— Erythrocytes, 4,392,000. Leucocytes, 5,280. Hemoglobin, per cent. 70. Color index, 0.79. Small lymphocytes, 15.8 per cent. Large lymphocytes, 5.8 per cent. Polymorphonuclear, 77.4 per cent. Eosinophile, 1.0 per cent.</p> <p>Pleural fluid— Clear, serous fluid. Alkaline. Sp. gr., 1.019.</p>	<p>Has about one epileptic seizure a month; usually just before she menstruates. Has aura. Does not fall or bite tongue. Seizure is violent in character. Two weeks previous to death 24 ounces serous fluid was withdrawn from left pleural cavity; two days later 36 ounces serous fluid withdrawn. Friction sounds over both lungs. Consolidation right apex. Symptomatic pulmonary edema at death.</p>	2	<p>Chronic pachyleptomeningitis. Cranial exostosis. Tubercular meningitis. Tubercular pleurisy with effusion. Tubercular peritonitis. Tubercular spleen. Tubercular ulcers of small intestine. General millary tuberculous. Cardiac atrophy. Pulmonary edema and millary tuberculous. Atrophy ovaries.</p>



TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
316	M	71	W	Dementia, terminal	6 years.	<p>Urine— Cloudy, acid. Sp. gr. 1017. Sediment— Many hyaline and granular casts. Many pus cells. Bladder epithelium. Bacteria.</p> <p>Acetic fluid— 3,000 c. c. withdrawn. Yellow, cloudy serum. Alkaline. Sp. gr. 1009. Albumin, 1.8 per cent. Microscopically, few leucocytes and endothelial cells.</p>	<p>Heart sounds muffled. Second sound inaudible. Consolidation, lower left lobe lung. Pleuritic friction sounds. Evening rise of temperature. Retention urine, unable to micturate. Prostate very much enlarged. Abdominal ascites; three weeks previous to death 5,000 c. c. fluid with- drawn from abdominal cavity. Paralysis of pharyngeal and palatal muscles; cannot articu- late.</p>	14	<p>Chronic meningoen- cephalitis. Cerebral edema. Pleurisy with effusion. Old effusions apices lungs. Hyper- trophy thyroid gland. Chronic endocarditis. Fatty degeneration of heart. Chronic peri- tonitis. Atrophic hepatic cirrhosis. Chronic interstitial splenitis. Chronic pancreatitis. Miliary tubercles on spleen. Atrophy suparenal glands. Chronic cystitis. Abdominal ascites. Prostatic hypertrophy. Chronic gastritis. Left oblique inguinal hernia</p>

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
317	M	52	W	Dementia, terminal	14 years.	<p>Blood— No plasmodium malaria. Wid- al reaction negative. Erythrocytes 2,984,000. Leu- cocytes 24,200. Hemoglobin, per cent, 52. 0.87. Small lymph- ocytes, 11.8 per cent. Large lymphocytes, 0.9 per cent. Polymorphonuclears, 87.0 per cent. Eosinophiles, 0.0 per cent. "Mast Cells," 0.3 per cent. 60 Normoblasts, 28. Micro- blasts and 12 Myelocytes found in counting 1000 leuco- cytes. Fokilocytosis. Blood, pale, watery, coagulation very slow, rouleau formation poor. Polychromatophilia and punc- tate basophilia.</p> <p>Urine— Dark red, acid, Sp. gr., 1016. Chlorides, 1.5 per cent. per vol. Phosphates increased. Urea, 2 per cent. No albumin. No glucose. No acetone. No diacetic acid. Bile and blood present. Pathological urobilin. In- dican increased. Few hyaline casts. Many yellow granular casts. Traube rings. Amor- phous urates. Squamous epithelial cells.</p>	<p>· Patient did not complain of anything had no vomiting. Two weeks before death had a chill followed by jaundice. Skin conjunctivae and mucous membranes became very much jaundiced. Liver very much enlarged, plainly palpated, ex- tends to umbilicus, notch deep and plainly felt, smooth, capsule feels thickened. Spleen palpable. Arteries thickened. Pleuritic friction sounds. Abdominal ascites. Marked and progressive anemia. Diagnosis: Carcinoma of liver, chronic ne- phritis and endocarditis.</p>	4	<p>Chronic pschylepto- meningitis. Sub-arach- noidal hemorrhage. Cerebral atrophy. En- larged pituitary gland. Atrophy of thyroid gland. Acute pleurisy with effusion. Pteche- tial hemorrhages left lung. Chronic endo- carditis. Fatty degen- eration of heart. Cal- careous degeneration aorta. General arterio- sclerosis. Abdominal ascites. Carcinoma of pyloric end of stomach. Secondary carcinoma liver. Chronic splenic congestion. Intersti- tial pancreatitis. Chronic diffuse nephri- tis. Chronic cystitis. Moderate hypertrophy of prostate gland.</p>

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
318 F		85 W		Dementia, terminal	28 years.	<p>Urine— Pale, acid, Sp. gr. 1017. In- dican increased. Urea, 1.5 per cent. Trace albumin. Few hyaline casts and finely gran- ular casts. Few epithelial cells.</p> <p>Pus— From apex of lung at autopsy, contained many tubercle bac- illi.</p>	For past year confined to bed. Very weak and anemic. Did not run any temperature; had no cough or pains. Gradually grew weaker and died.	1	<p>Chronic meningo-en- cephalitis. Cerebral at- rophy. Pulmonary tuberculosis. Chronic pleurisy. Chronic cal- culosis with cal- careous degeneration. General degenera- tion aorta. General arterio-sclerosis. Tu- bercular peritonitis. Tuberculosis jejunum. Chronic interstitial splenitis, with contrac- tion. Chronic inter- stitial nephritis. Chronic gastritis. Chronic cya- titis. Atrophy of ovar- ies. Interstitial changes in suprarenal glands. Atrophy pancreas, with contraction.</p>

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
319 M	71 W			Dementia, terminal	3 yrs., 6 m.	<p>Urine— Dark amber, acid. Sp. gr. 1027. Trace serum albumin. Few hyaline casts. Few cylindroids. Squamous epithelial cells.</p> <p>Lung tissue at autopsy showed tubercle bacilli.</p>	<p>Left inguinal hernia. Bronchial breathing right apex. Consolidation lower lobe. Accentuated second sound heart. Apex beat in sixth intercostal space. Arteries thickened and hard. For some time before death patient complained of smothered and fainting spells. Hypertrophy of middle lobe prostate gland. Pupils equal and regular. Speech slurring. Gait shuffling, unsteady. Reflexes exaggerated. Coordination poor. Marked twitchings of facial muscles.</p>	7	<p>Chronic meningitis-encephalitis. Localized areas of cerebral softening. Cranial exostosis. Chronic pleurisy (tubercular). Consolidation lower right lobe. Pulmonary tuberculosis. Acute dilatation right heart with rupture of right ventricle. Marked hypertrophy of left ventricle. Fatty degeneration heart muscle. General arterio-sclerosis. Calcareous degeneration aorta. Chronic adhesions small intestines. Chronic appendicitis. Chronic gastritis. Chronic cystitis. Splenic atrophy. Atrophy suprarenal glands. Hepatic congestion. Chronic parenchymatous nephritis. Hypertrophy of prostate gland.</p>

TABLE III.—Continued.

Number.	Sex.	Age.	Color.	Mental Disease.	Duration.	Laboratory Examinations— Sputum, Blood, Urine, Etc.	Physical and Clinical Findings.	Hours after death.	Anatomical Diagnosis.
320	F	54	W	Dementia, organic	9 years	Urine— Pale, acid. Sp. gr., 1024. Trace albumin. Few granular casts. Many pus cells. Cylindroids. Sputum— No tubercle bacilli.	Paralysis of right arm and leg. Reflexes exaggerated right side; left side, diminished. Pupils, normal, equal, respond. Coordination poor. General tremors. Three days previous to death had continuous convulsions of entire left side except face, right side of face involved. Symptoms of cerebral irritation right internal capsule.	4	Chronic meningo-encephalitis. Cerebral atrophy. Remains of old cerebral hemorrhage region of left internal capsule, small acute, cerebral hemorrhage in right internal capsule. General arterio-sclerosis with calcareous degeneration.

Fifteen post-mortem examinations were made; of these, 5 were men, 10 women.

The average age at death was 57.4 years.

The average duration of mental disease was 13.34 years; the extremes of duration being five months and thirty-three years.

---

## SUMMARY.

### BRAIN.

..

The average weight of female brains was 1,137.7 Grms. (normal, 1,247 Grms.); of male brains, 1,211.2 Grms. (normal, 1,403 Grms.).

The heaviest brain (weight, 1,430 Grms.) was from a case of terminal dementia (duration, 3 years and 6 months) in a male patient; autopsy No. 319. The smallest brain (weight, 860 Grms.) was removed from a woman; dementia terminal; duration of mental disease, 19 years; autopsy No. 313.

The calvarium was thickened in 76.9 per cent. of cases. Dura adherent in 92.3 per cent.; congested in 61.5 per cent.

Pia-Arachnoid adherent in 23 per cent.; congested in 61.5 per cent.

Petechial hemorrhages of dura were present in 15.3 per cent.; extra-dural hemorrhage in 7.6 per cent.; sub-dural hemorrhage 15.3 per cent.; sub-arachnoidal hemorrhage present in 7.6 per cent., and cerebral hemorrhages in 15.3 per cent.

General atrophy of the brain was exhibited in 46.1 per cent. of post-mortems; hemi-atrophy in 30.8 per cent.; localized cerebral softening in 30.8 per cent.; edema of brain in 15.3 per cent.; diminished consistence in 96.2 per cent.

Cortex thinned in 84.6 per cent.; choroid plexuses cystic in 69.2 per cent.; granulations of ependyma in 61.5 per cent.

Excess of cerebro-spinal fluid present in 76.9 per cent.; sinuses full in 61.5 per cent.

Blood vessels at base sclerotic or diseased in 86.7 per cent.

Tumor of brain present in autopsy No. 311.

## CIRCULATORY SYSTEM.

The arteries were found to be diseased in 93.4 per cent. of examinations made; 86.7 per cent. showed general arteriosclerosis, and 6.7 per cent. exhibited fatty degeneration.

The largest heart weighed 475 Grms. (normal, 285 Grms.); autopsy No. 312. The smallest heart weighed 180 Grms.; autopsy No. 315.

The very unusual lesion of rupture of the heart was exhibited in case No. 319.

Degeneration of the ascending arch of the aorta was present in 78.5 per cent. of post-mortem examinations; cardiac hypertrophy in 50 per cent.; cardiac atrophy in 14.2 per cent.; dilatation of right ventricle in 21.4 per cent. and hypertrophy of left ventricle in 28.5 per cent.

Fatty degeneration of the heart muscle occurred in 50 per cent. of cases; chronic endocarditis in 71.4 per cent., and diseased condition of coronary vessels in 78.5 per cent.

## LUNGS.

The heaviest lung weighed 960 Grms.; autopsy No. 313: man, with dementia terminal, pulmonary edema.

Tuberculosis was present in 46.7 per cent. of autopsies. It was limited to the lungs in 33.4 per cent. of the cases, 13.3 per cent. being general military tuberculosis.

Pleurisy was present in 64.3 per cent., 28.5 per cent. being tubercular pleurisy with effusion. Petechial hemorrhages of the pleura were present in 14.2 per cent.

Pulmonary edema was found in 33 per cent.; pneumonia in 21.4 per cent.; anthracosis and emphysema, each 7.1 per cent.

## LIVER.

The largest liver, a case of secondary carcinoma, weighed 4,760 Grms. Autopsy No. 317; male; dementia terminal. Dimensions: length, 30 c. m.; width, 28 c. m.; thickness, 11 c. m. Section showed that left lobe was mostly involved, being studded with numerous yellowish and dark brown nodes, many of which project from the surface. The superficial nodes are depressed in the center.

The diagnosis of carcinoma of the liver during life was made entirely from the blood examination and urinalysis.

The smallest liver weighed 625 Grms.; autopsy No. 316; man, dementia terminal. Liver was very much contracted, hard, studded with "hob nails" and pale in color.

Chronic hepatic congestion was present in 21.4 per cent. of autopsies; fatty degeneration in 14.2 per cent.; cystic degeneration in 7.1 per cent.; tubercular hepatitis in 7.1 per cent.

#### GALL BLADDER.

Gall stones were found in 7.1 per cent. of cases examined.

#### SPLEEN.

The heaviest spleen weighed 470 Grms. (normal, 198 Grms.); autopsy No. 312; female; age 46; syphilis; dementia terminal; duration of mental disease, 13 years. Spleen was firmly attached to diaphragm and viscera; capsule in places was 1 c. m. thick. Histologically, there was a marked fibrous hyperplasia.

The smallest spleen weighed 45 Grms.; autopsy No. 318; female; age 85; dementia terminal. Histologically, marked increase of fibrous tissue with contractions.

Interstitial changes were exhibited in 71.3 per cent. of cases autopsied; miliary tuberculosis in 7.1 per cent.; fatty degeneration in 21.4 per cent.; spleen was lobulated in 71.4 per cent.; congested in 50 per cent., and hypertrophied in 21.4 per cent.

#### STOMACH.

Chronic inflammations were exhibited in 50 per cent. and carcinoma in 7.1 per cent.

#### KIDNEYS.

Of the fourteen examinations of kidneys, 13, or 92.8 per cent. presented chronic kidney lesions; 64.2 per cent. being of the chronic interstitial variety; 14.3 per cent. of parenchymatous nephritis and 14.3 per cent. of syphilitic nephritis with cystic degeneration.

Twelve of the subjects autopsied, showing kidney lesions, were 40 or more years of age.



Of the ten women 8 (80 per cent.) exhibited nephritis, while all the five men presented kidney lesions.

Autopsies No. 311 and 312 were of syphilitic nephritis.

The kidneys from No. 311 were from a woman; terminal dementia; and the largest removed at autopsies. The right weighed 490 Grms. (normal, 150 Grms.); was 19 c. m. long; 10 c. m. wide; very large and studded with cysts, some of the cysts being 4 c. m. in diameter. The left kidney was 10 c. m. long; 7 c. m. wide; smaller than left and external surface studded with cysts.

The kidneys were lobulated in 35.7 per cent. of cases; congested in 35.7 per cent.; markings indistinct in 85.7 per cent.; cortex thinned in 42.8 per cent.; dilated pelvis in 21.4 per cent.; dilated ureter in 7.1 per cent., and floating kidney in 7.1 per cent.

#### SUPRARENAL GLANDS.

Interstitial changes were found to be present in 35.7 per cent. of cases; atrophy, 28.5 per cent.; hypertrophy in 7.1 per cent.; diminished consistence, 21.4 per cent., and marked congestion in 7.1 per cent.

#### BLADDER.

Inflammations of bladder were present in 64.2 per cent.; tuberculosis in 7.1 per cent.

#### PANCREAS.

Increased consistence and interstitial changes were found in 42.8 per cent. of cases.

#### PROSTATE.

Hypertrophy of middle lobe of prostate was found in the five men autopsied.

#### UTERUS AND APPENDAGES.

Uterus atrophied in 14.2 per cent.; displaced in 21.4 per cent. Ovaries atrophied in 28.5 per cent.; cystic degeneration in 14.2 per cent., and chronic ovaritis in 7.1 per cent.

A few cases which have come to autopsy deserve special mention.

Autopsy No. 306 presented an acute cerebral hemorrhage.

Autopsy No. 307, a case of pernicious anemia; blood examination showed Erythrocytes, 439,000; Leucocytes, 2,100; Hemoglobin, 18; color index, 2+. The stained blood smears show Normoblasts, Megaloblasts and a relative Lymphocytosis of 35.7 per cent.

Autopsy No. 308; a case of multiple sclerosis.

Autopsy No. 311; syphilis; female; dementia organic; presented a brain tumor—a large soft granular tumor, 5.5 c. m. in diameter, located anteriorly at base of skull, between the inferior surface of the frontal lobes, making a deep indentation in them, so that the frontal lobes were only a few c. m.'s thick. Superior surfaces of the frontal lobes, making a deep indentation in them, has grown out, pushing the pia-arachnoid in front of it, thus being entirely surrounded by a very thickened, congested pia-arachnoid. The blood supply of the tumor is rich, being very congested. It is closely adherent to the anterior fossa of the skull. At the sight of the cribriform plate of the ethmoid bone, a large part of the bone had been absorbed by pressure. The supra-orbital plates are also absorbed from pressure. This case also exhibits cystic degeneration of kidneys, cystic degeneration of liver and syphilitic splenitis, with fibrous hyperplasia.

Autopsy No. 317 presented a carcinoma of stomach, with secondary carcinoma of liver.

Autopsy No. 319 exhibited acute dilatation of right heart, with rupture of right ventricle, 4 c. m. from the apex. The heart muscle showed fatty degeneration and marked hypertrophy of left ventricle.

#### CLINICAL LABORATORY WORK.

There has been a marked increase in the clinical work of the laboratory, the amount during the year being about double that of the year previous. The work has been conducted along the same lines as outlined in my report of last year, but with a constant effort to perfect methods and extend the usefulness of the pathological department in the diagnosis of disease and the treatment of patients in the Hospital.

The tabulations immediately following show the number of examinations made, with a record and report of same.

## CLINICAL LABORATORY EXAMINATIONS.

## URINALYSIS.

Number of specimens examined.....	1,086
Tubercle bacilli in urine, examined for.....	37
Gonococcus in urine, examined for.....	15
Diazo reaction .....	39
<hr/>	
Total number examined.....	1,177

## CHEMICAL ANALYSIS.

Findings.	Cases.	Per-centage.
Acid reaction .....	1,024	94.2
Neutral or alkaline reaction.....	62	5.8
Albumin .....	453	41.7
Indican increased .....	325	30.0
Sugar .....	24	2.2
Pathological urobilin .....	14	1.2
Urinary solids, estimated.....	409	37.5
Acetone .....	2	0.2
Diacetic acid .....	2	0.2
Bile .....	39	3.5
Blood .....	65	5.0
Phosphates increased .....	104	9.5

## MICROSCOPICAL EXAMINATIONS.

Findings.	Cases.	Per-centage.
Casts, with albumin.....	178	16.3
Granular casts alone.....	250	23.0
Hyaline casts alone.....	122	11.2
Granular and hyaline casts together.....	101	9.3
Cylindroids .....	372	34.2
Cylindroids, with casts.....	135	12.4
Blood casts .....	3	0.2
Epithelial casts .....	6	0.5
Pus casts .....	5	0.4
Epithelial cells .....	591	54.4
Pus cells .....	454	41.7
Red blood cells.....	65	5.0
Bacteria .....	417	38.4

Findings.	Cases.	Per-centage.
Spermatozoa .....	30	2.7
Amorphous urates .....	116	10.5
Calcium oxalate crystals.....	104	9.5
Triple phosphate crystals.....	64	5.8
Uric acid crystals.....	38	3.5
Urea nitrate crystals.....	36	3.3
Phenylglucosazone crystals.....	24	2.2
Yeast fungi .....	28	2.5
Diatomes .....	23	2.1
Phosphate of lime crystals.....	11	1.0
Ammonium magnesium phosphate crystals.....	5	0.4

## BLOOD EXAMINATIONS.

Complete blood examinations.....	151
Leucocytes count .....	27
Leucocytes, Erythrocytes and estimation of hemoglobin.....	25
Differential count .....	12
Plasmodium malaria, examined for.....	151
Widal reaction .....	52
Pneumococci in the blood.....	13
Bacillus of Eberth in the blood.....	2
Glycogenic reaction of the blood (Diabetes).....	2
Iodine reaction of the blood.....	45
Total number of blood examinations.....	485

## Iodophilia positive in the following—

Pernicious anemia .....	3
Diabetes mellitus .....	2
Lobar pneumonia .....	5
Septic tuberculosis .....	1
Purpura hemorrhagica .....	1
Abscess of leg .....	1
Total .....	13

## SPUTUM EXAMINATIONS

For tubercle bacilli .....	112
For pneumococci .....	68
Total sputum examinations.....	186

## THROAT EXAMINATIONS.

For Klebs-Loeffler bacillus.....	101
For tubercle bacilli.....	3
Total throat examinations.....	104

## EXAMINATION OF PUS.

From male urethra, for gonococci.....	14
Vaginal discharge, for gonococci.....	7
Vaginal discharge, for tubercle bacilli.....	9
From abscess, for tubercle bacilli..	18
To determine etiological factor.....	6
Total number of examinations of pus.....	54

## EXAMINATION OF FLUIDS.

From pleural cavity, for tubercle bacilli.....	15
From abdominal cavity, for tubercle bacilli.....	6
From pleural cavity.....	15
From abdominal cavity.....	6
Total examinations of fluid.....	42

## PATHOLOGICAL TISSUE.

Removed at operation .....	9
Removed at autopsies.....	10
From animals .....	5
Tumors, cysts and appendices.....	14
Total number of examinations of pathological tissue.....	38

## CYTODIAGNOSIS.

Fluid from pleural cavity.....	15
Fluid from abdominal cavity.....	6
Cerebro-spinal fluid .....	1
Total .....	22

## EXAMINATIONS FOR TUBERCLE BACILLI.

Urine .....	37
Sputum .....	118
Pus .....	18
Pleural fluid .....	15
Abdominal fluid .....	6
Tissue at operation.....	9
Tissue from autopsies.....	10
Tissue from animals.....	5
Vaginal discharge .....	9
Uterine scrapings .....	4
Laryngitis .....	3
<hr/>	
Total .....	234

## MISCELLANEOUS EXAMINATIONS.

Stomach contents .....	8
Cows' milk .....	3
Tapeworm for head.....	3
Feces .....	3
<hr/>	
Total .....	17

During the year 144 photo-micrographic negatives and 75 lantern slides of blood, urine and bacteria have been made and used to aid the course of instruction given to training school classes.

In conclusion, I wish to thank you for the support and encouragement I have received at your hands. I desire to express my appreciation of the co-operation of other members of the medical staff, and I also wish to acknowledge the faithful and efficient work of Mr. Frode Heiman, the laboratory technician.

Respectfully submitted,

H. A. COSSITT,

*Pathologist.*













## Donations.

---

The following is a list of the newspapers which have been sent to the hospital gratuitously, and are always welcome and appreciated:

The Observer .....	Hoboken
The Jersey City News.....	Jersey City
The Evening Journal.....	Jersey City
The New Jersey Staats Zeitung.....	Jersey City
The Evening News.....	Hoboken
The Bayonne Budget.....	Bayonne
The Kearny Observer.....	Kearny and Arlington
Hudson County Review.....	Town of Union
Hunterdon County Democrat.....	Flemington
Hunterdon Independent.....	Frenchtown
The Clinton Democrat.....	Clinton
The Lambertville Record.....	Lambertville
The Newark Sunday Call.....	Newark
Town Talk.....	Newark
New Jersey Trade Review.....	Newark
New Jersey Deutsche Zeitung.....	Newark
Newark Evening News.....	Newark
South Orange Bulletin.....	South Orange
The Republican.....	Westfield
The Railroad Employe.....	Hoboken
Daily True American.....	Trenton
Union-Democrat .....	Rahway
Der Haus-Freund.....	Elizabeth
Evening Record.....	Hackensack
Newark Tribune.....	Newark
Newark Pioneer.....	Newark
The Bloomfield Record.....	Bloomfield
The Bloomfield Citizen.....	Bloomfield
The Newark Item.....	Newark
The Orange Journal.....	Orange
Orange Sontagsblatt.....	Orange
The Short Hills Item.....	Short Hills
The Advance.....	Jamesburg

Southwestern Presbyterian .....	New Orleans, La.
Paterson Volksfreund .....	Paterson
De Telegraaf .....	Paterson
Paterson Evening News .....	Paterson
Passaic Daily News .....	Passaic
Passaic City Record .....	Passaic
The Union County Standard .....	Westfield
The Westfield Leader .....	Westfield
The Constitutionalist .....	Plainfield
The Daily Press .....	Plainfield
The Summit Herald .....	Summitt
The Summit Record .....	Summitt
Elizabeth Daily Journal .....	Elizabeth
Union County Record .....	Elizabeth
Freie Press .....	Elizabeth
The New Jersey Advocate .....	Rahway
The Hackensack Republican .....	Hackensack
The Bergen County Index .....	Hackensack
The Englewood Times .....	Englewood
Bergen County Herald .....	Rutherford
Carlstadt Freie Press .....	Carlstadt
Hunterdon Republican .....	Flemington
Democrat-Advertiser .....	Flemington
The Milford Leader .....	Milford
The Frenchtown Star .....	Frenchtown
The Morris County Chronicle .....	Morristown
The True Democratic Banner .....	Morristown
The Evening Express .....	Morristown
The Jerseyman .....	Morristown
The Iron Era .....	Dover
The Dover Index .....	Dover
The Morris Journal .....	Dover
The Madison Eagle .....	Madison
The Rockaway Record .....	Rockaway
The Boonton Weekly Journal .....	Boonton
The New Jersey Herald .....	Newton
The Post .....	Phillipsburg
The Warren Democrat .....	Phillipsburg
The Warren Republican .....	Hackettstown
The Warren Journal .....	Belvidere
The Warren Tidings .....	Washington
The Washington Star .....	Washington
The Morning Call .....	Paterson
The Paterson Daily Press .....	Paterson
Paterson Daily Guardian .....	Paterson

---

---

## TREASURER'S REPORT.

---

---

(95)



# Treasurer's Report.

---

*To the Managers of New Jersey State Hospital at Morris Plains,  
New Jersey:*

GENTLEMEN:—The Treasurer of the New Jersey State Hospital at Morris Plains, N. J., respectfully submits the following abstract of receipts and disbursements from November 1st, 1903, to October 31st, 1904, inclusive.

## RECEIPTS.

Balance on hand November 1st, 1903.....	\$ 1,206 91
From State Treasurer for Convict Patients.....	\$ 17,545 72
“ State Treasurer for County Patients.....	115,666 57
“ State Treasurer for State Indigent Patients	46,556 15
“ Sundry Counties for maintenance of County Patients .....	136,869 95
“ Private patients.....	60,554 28
“ Hides, tallow, etc.....	11,291 96
“ First National Bank of Morristown, N. J., for interest on deposit.....	133 76
“ M. K. Everitt, two loans.....	10,500 00
“ Four acceptances of Treasurer outstanding payment upon which was stopped at bank by resolution of the Board, May 5th, 1904, and the amounts credited to the respective parties on the books of the Hospital.....	38 97
	399,157 36
	\$400,364 27

## DISBURSEMENTS.

By orders of Warden for current accounts.....	\$388,881 13
“ Orders of Warden for loans from M. K. Everitt .....	10,500 00
“ Protest fees on check of C. D. Brooks, the face which was subsequently paid.....	1 56
“ Balance in Treasurer's hands.....	981 58
	\$400,364 27

G. C. HINCHMAN,  
*Treasurer.*



## THE NEW JERSEY STATE HOSPITAL AT

MORRIS PLAINS, N. J., November 17th, 1904.

We hereby certify that we have examined the Treasurer's accounts and compared the same with his books and vouchers and find them in accordance with the above statement and correctly stated and balanced.

J. A. McBRIDE,

P. J. RYAN,

DAVID ST. JOHN,

*Auditing Committee.*


---

 RECAPITULATION.

## State Treasurer, convict patients—

First quarter.....	\$4,347 86	
Second quarter.....	4,420 00	
Third quarter.....	4,420 00	
Fourth quarter.....	4,357 86	
		<hr/>
		\$ 17,545 72

## State Treasurer, county patients—

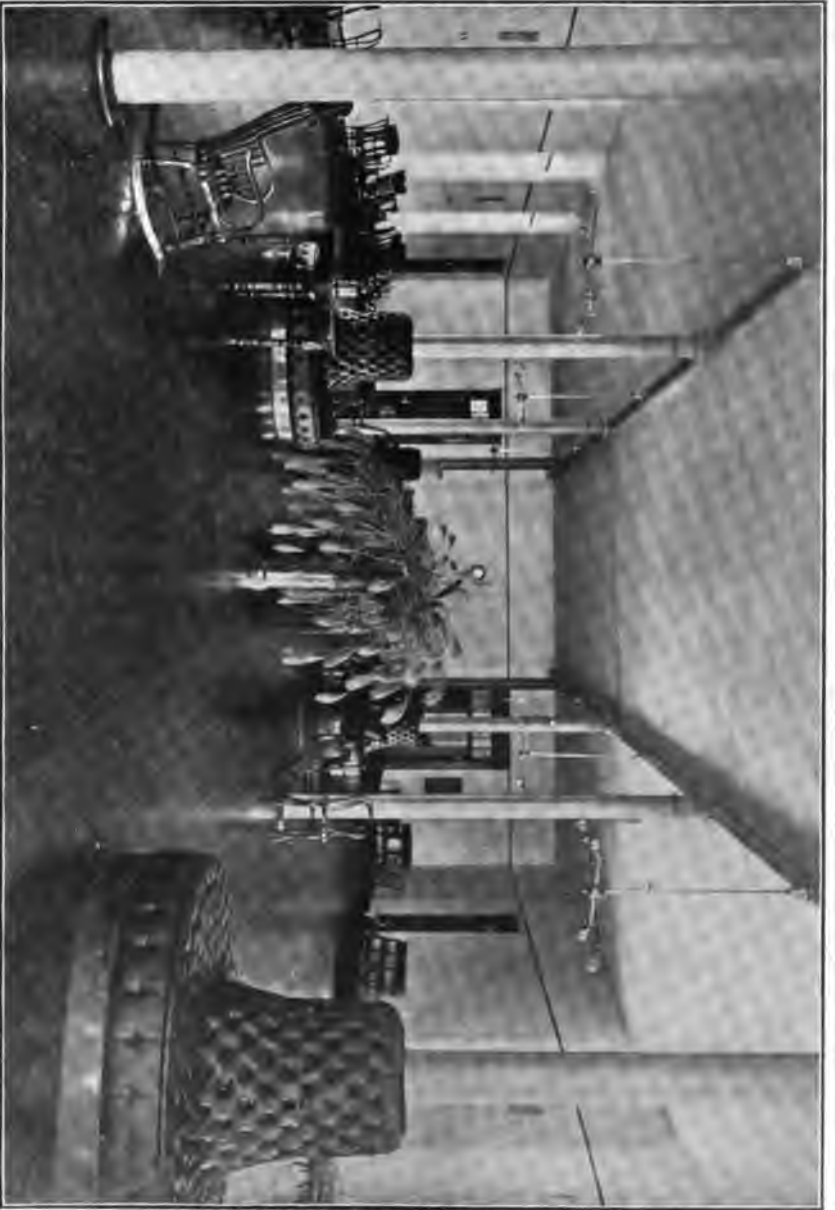
First quarter.....	\$28,054 00	
Second quarter.....	28,678 00	
Third quarter.....	29,364 00	
Fourth quarter.....	29,570 57	
		<hr/>
		115,666 57

## State Treasurer, indigent patients—

Second quarter.....	\$9,892 21	
	6,648 15	
	10,261 00	\$26,801 36
Third quarter.....	10,103 48	
Fourth quarter.....	9,651 31	
		<hr/>
		46,556 15

## County collectors—

First quarter.....	\$40,426 57	
Second quarter.....	23,434 67	
Third quarter.....	41,372 54	
Fourth quarter.....	31,636 17	
		<hr/>
		136,869 95



DORMITORY BUILDING.—DAY ROOM FOR WOMEN.



# NEW JERSEY STATE HOSPITAL.

99

## Private patients—

First quarter.....	\$16,308 78	
Second quarter.....	13,910 81	
Third quarter.....	16,310 76	
Fourth quarter.....	14,023 93	
	<hr/>	60,554 28

## Hides, tallow, etc.—

First quarter.....	\$2,968 57	
Second quarter.....	2,743 58	
Third quarter.....	2,796 28	
Fourth quarter.....	2,783 53	
	<hr/>	11,291 96

## Interest—

First quarter.....	\$67 02	
Third quarter.....	66 74	
	<hr/>	133 76

## Loans from M. K. Everitt—

First quarter.....	\$6,000 00	
Second quarter.....	4,500 00	
	<hr/>	10,500 00

Four acceptances of Treasurer, payment upon  
which was stopped at bank by resolution of  
the Board May 5th, 1904.....

	38 97
	<hr/>
	\$399,157 36

## Orders paid, Current Accounts—

First quarter.....	\$ 82,945 54	
Second quarter .....	102,248 75	
Third quarter.....	104,132 61	
Fourth quarter.....	99,554 23	
	<hr/>	\$388,881 13

## Orders paid, loans from M. K. Everitt—

First quarter.....	\$6,000 00	
Fourth quarter.....	4,500 00	
	<hr/>	10,500 00

Protest fees on check of C. D. Brooks.....	1 56
	<hr/>
	\$399,382 69



---

---

## WARDEN'S REPORT.

---

---

(101)



# Warden's Report.

*To the Board of Managers of The New Jersey State Hospital  
at Morris Plains:*

GENTLEMEN:—I have the honor to present the annual report of my department for the year 1904, together with an abstract of accounts. The receipts and disbursements for the year have been as follows:

Balance on hand November 1st, 1903.....	\$ 1,206 91	
Receipts from November 1st, 1903, to October 31st, 1904 .....	399,157 36	
		\$400,364 27
Total disbursements from November 1st, 1903, to October 31st, 1904.....		399,382 69
Cash balance on hand October 31st, 1904.....		\$981 58

I wish to call your attention to the fact, that at the close of the fiscal year of 1903, the liabilities exceeded the resources by \$8,864.92; at the close of the fiscal year of 1904, the excess of liabilities was reduced to \$7,843.42, showing that the hospital has been run within its income. Strict economy has been exercised in many instances, needed repairs were put off and the buying of necessary furnishings delayed. Only those repairs have been made and those furnishings purchased, without which positive detriment to the plant would have resulted.

Economy carried out on the lines of the year past will aid in creating a cash balance which will enable the hospital to pay bills more promptly.

The income will be increased during next year, first, by reason of an additional one dollar per week per patient, for board of state indigent patients. The legislature, at its last session, appropriated for the support of this class of patients, four dollars per week; the appropriation in previous years having been but three dollars.



SECOND: The year closed with an increase of 96 over last year, in the number of patients. This insures an increase of income next year and a decrease in the per capita cost, as the cost of running the machinery and heating plant, lighting plants, farm, garden, &c., will not materially increase.

The County bills have always been made up quarterly in advance, but as a rule they are not paid until nearly and sometimes even after the end of the quarter. The State's bill has been made up at the end of the quarter and at times it is two weeks before it is paid.

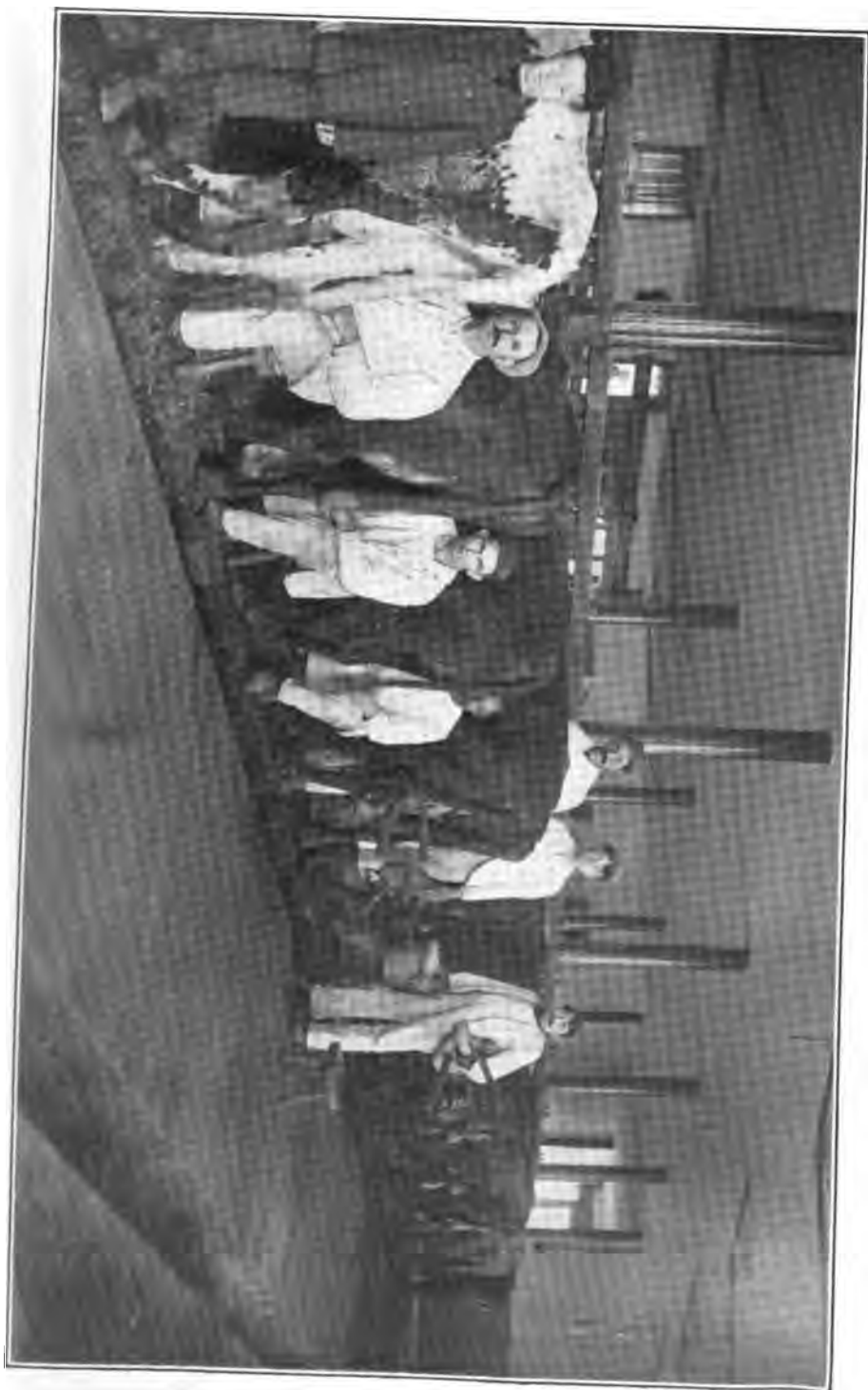
A bill, requiring payment, in advance, in all cases, passed at the last session of the Legislature, was vetoed on the ground that it was against the policy of the State to make payments in advance.

The provision in that bill, which fixed the liability for and secured the payment of the maintenance of patients of a certain class, should again be urged, as at present we are required to admit this class of patients without bond and without any liability on the part of county or state.

I would suggest that a bill be prepared directing that all bills of the State and Counties be due and payable at the end of each month and requiring their payment within fifteen days from the time they are due.

#### RESOURCES.

Balance in hands of Treasurer.....	\$ 981 58
Due from Bergen county.....	4,188 13
Due from Hudson county.....	487 69
Due from Hunterdon county.....	1,663 11
Due from Passaic county.....	9,909 25
Due from Sussex county.....	1,423 71
Due from State for county patients.....	9,686 56
Due from State indigent patients.....	3,828 15
Due from State for convict patients.....	1,430 00
Due from private patients.....	6,658 75
Due from petty expense account.....	115 33
Due for clothing.....	12,015 77
Due for tar, etc.....	227 67
Due for hides.....	370 64
Hogs unsold .....	1,638 00
	<hr/>
	\$54,624 34





## LIABILITIES.

Bills payable.....	\$39,321 55	
Pay roll for October.....	9,025 72	
Private patients paid beyond Oct. 31st.....	6,839 46	
County patients paid beyond Oct. 31st.....	2,706 99	
Amount bills rendered counties not yet earned..	2,256 34	
Amount bills rendered private patients not yet earned .....	2,038 78	
Unclaimed wages, vouchers on which payment was stopped .....	278 92	
Excess liabilities over resources.....		7,843 42
		<hr/>
	\$62,467 76	\$62,467 76

## LAUNDRY.

The Legislature, at its last session, appropriated \$18,000.00 for laundry building and machinery; the amount asked for was \$25,000.00; the amount appropriated will be sufficient to erect and complete the building only, as the building contracts absorb the entire appropriation, consequently no provision was made for removing the machinery now in use, to the new plant, for purchasing of additional shafting, steam fittings, plumbing and machinery. The following is an approximate estimate of new machinery, &c., required in addition to what can be utilized from old plant.

Plumbing, shafting and steam fitting.....	\$ 1,000 00
Dry rooms.....	2,200 00
Mangle .....	2,800 00
Washers .....	1,200 00
Extractors .....	525 00
Belting and pulleys.....	300 00
Engine .....	2,000 00
	<hr/>
	\$10,025 00

## DAIRY BARN.

With the continued increase in number of patients more milk is needed and to produce it more room at the dairy is required. In my report of 1902 and again in 1903 I stated that one of the sheds had been fitted up to accommodate cattle which could not

be kept in the barn, owing to lack of space. The shed was not intended for stabling purposes and is not satisfactory or practical for such. It is still necessary to enlarge the barn, the addition asked for is 48x64 feet, and the estimated cost, \$6,000.00.

The Legislature in 1903 appropriated for this work \$3,000.00, which being insufficient was not used and consequently lapsed.

#### GAS PLANT.

The present holder is entirely too small. It has a capacity of only 23,000 cubic feet and has been in use nearly thirty years. During the season of short days and long nights, the amount of gas consumed will reach 60,000 cubic feet in twenty-four hours. The average daily consumption for the year was 47,000 cubic feet.

It is readily seen that the capacity of the holder is inadequate to meet the demands. There should be a new holder built with a capacity of at least 80,000 cubic feet and located some distance from the plant. A holder of this capacity would insure the storage of a sufficient reserve supply of gas so that in case of accident to the plant, the house would not be left in darkness. With this, the plant would be more economically operated.

In the appendix to my report are statements in detail showing the amount of work done in each of the mechanical departments, also the products of farm, dairy and garden.

#### ANNUAL APPRAISEMENT.

The Annual Inventory and Appraisement was taken as usual. Mr. John Naughton and Mr. Charles W. Ennis, of Morristown, were appointed to assist in this work and we are indebted to them for their valuable services. The total appraisement of the personal property amounted to \$230,784.86.

#### NURSES' HOME.

The contract was given out for an independent heating plant, which, I understand, the contractors estimated to cost \$300.00. If the heating plant is put in with direct radiation and the steam taken from the house plant, it would cost, as estimated by the contractors, \$1,000.00. They are willing to substitute direct radiation complete for \$700.00 additional.



ICE POND AND HOUSE.



## REQUIREMENTS.

For the annual appraisement.....	\$	75 00
For the salaries of resident officers.....		14,550 00
For the maintenance of county patients, based on an average of 1,250 County patients for the year .....		130,000 00
For support and clothing of insane convict pa- tients, based on an average of 75 convicts for the year:		
Board .....	\$19,500 00	
Clothing .....	1,152 00	
		20,652 00
For the support and clothing of State indigent pa- tients, based on an average of 330 State in- digents for the year, at \$4.00:		
Board .....	\$68,640 00	
Clothing .....	6,000 00	
		74,640 00
		<u>\$239,917 00</u>

In addition to the requirements, it will be necessary for the Legislature to provide for the following item so that it may be available during the year 1905, viz.:

Deficiency State indigent patients for 1904.....\$807 30

The estimates for amount required for support of County and Convict patients for 1904 exceed the amount earned, viz.: Convicts, \$1,174.28; County, \$2,997.43.

The amount estimated for State Indigents was not sufficient and there is a deficiency of \$807.30.

It is impossible to determine accurately so far in advance, the amount necessary for support of patients. There is more uncertainty regarding State Indigents than any other class. Some of the Counties thus far are sending very few; the number is, however, constantly increasing. It is important that the amount asked for clothing should be appropriated and the deficiency on State Indigent, amounting to \$807.30, be allowed.

Respectfully submitted,

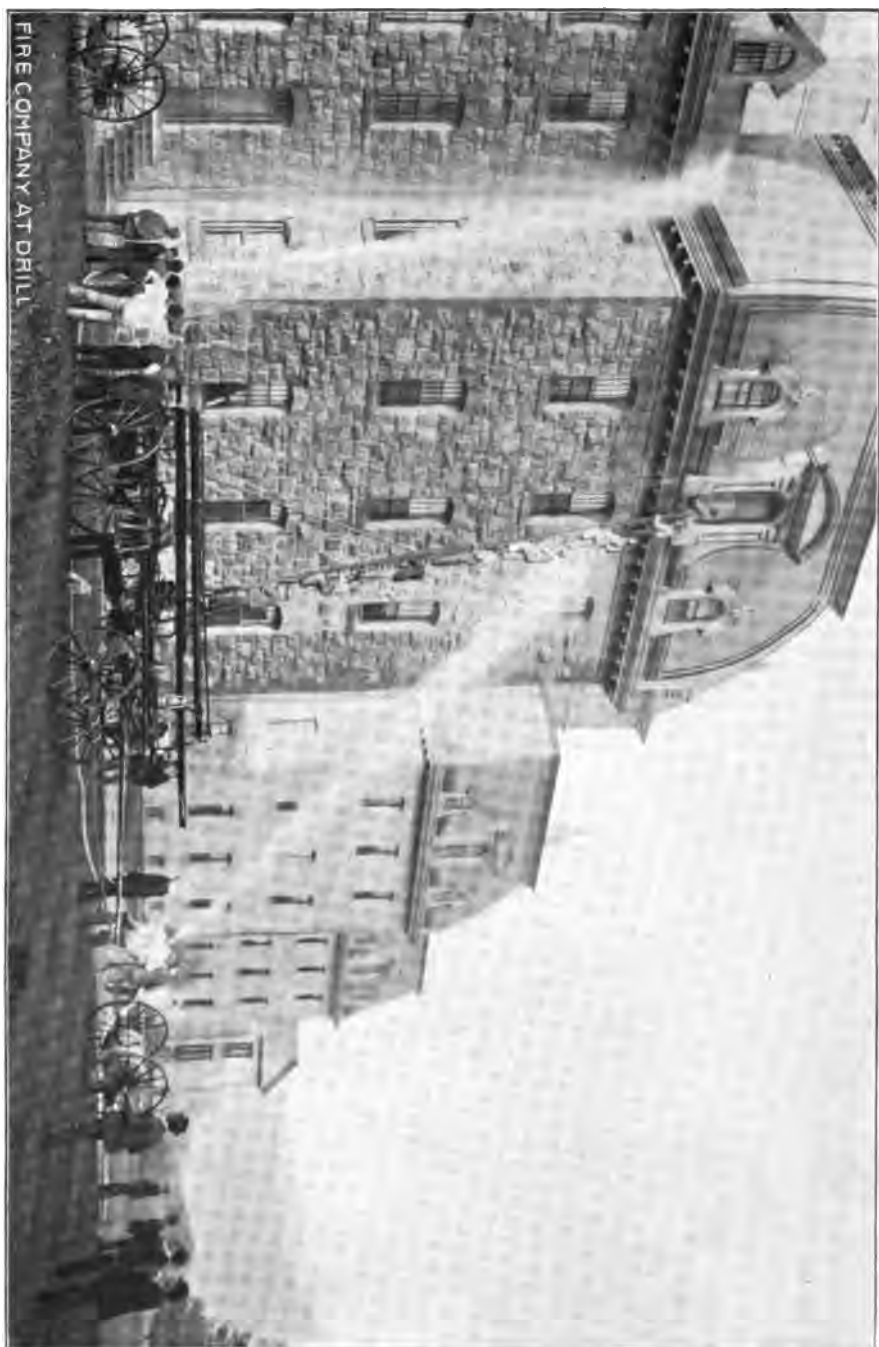
M. K. EVERITT,

*Warden.*

THE NEW JERSEY STATE HOSPITAL AT MORRIS PLAINS,  
October 31st, 1904.







FIRE COMPANY AT DRILL



# Abstract of Accounts.

For the fiscal year ending October 31st, 1904.

G. C. HINCHMAN, *Treasurer.*

## DR.

To balance October 31st, 1903.....	\$ 1,206 91	
To amount received for board, clothing and incidental expenses of county patients.....	136,869 95	
To amount received for board, clothing and incidental expenses of private patients.....	60,554 28	
To amount received from State Treasurer for county patients.....	115,666 57	
To amount received from State Treasurer for board and clothing of convict patients.....	17,545 72	
To amount received from State Treasurer for board and clothing of State indigent patients	46,556 15	
To amount received from loans.....	10,500 00	
To amount received for hides, fat, grease & bones	4,515 53	
To amount received from gas tar.....	690 97	
To amount received for incidentals.....	2,125 25	
To amount received for hogs.....	3,960 21	
To amount received for interest.....	133 76	
To amount received for vouchers on which payment was stopped, the several amounts being entered on the books of the hospital to credit of parties in whose favor vouchers were drawn	38 97	
		<hr/> \$400,364 27

## DISBURSEMENTS.

Amusements .....	\$ 262 01
Beef .....	23,292 37
Books, stationery, printing and office supplies....	676 85
Bedding, linen, etc.....	12,264 67
Clerical services.....	395 50
Clothing (suits, dresses, underwear, shoes).....	19,907 66
Coach stable (wages and supplies).....	3,304 70
Crockery and cutlery.....	1,770 68
Counsel fees.....	127 11
Dairy (includes stock, feed, labor).....	16,370 16
Electrical wages and supplies.....	989 02

(109)

Farm (wages, tools, fertilizer, seeds, etc.).....	8,451 96
Fire apparatus (new hose).....	494 38
Flour .....	14,172 18
Freight and train service.....	9,890 81
Fruit and vegetables.....	5,316 91
Fuel .....	23,838 51
Furniture, carpets, etc.....	2,551 93
Gas fixtures, plumbing and plumbers' supplies..	3,330 84
Garden (labor, fertilizer, seeds, etc.).....	6,076 83
Green house.....	1,273 41
Grounds .....	1,092 15
Grading .....	90 44
Household goods .....	6,790 93
Ice (includes labor and tools).....	662 67
Improvement of buildings.....	267 43
Improvement of farm lands.....	1,436 87
Incidentals .....	3,051 42
Insurance .....	2,627 20
Laundry (wages and supplies).....	8,122 41
Gas plant.....	7,431 92
Medical library.....	272 12
Medical supplies.....	4,990 14
Newspapers .....	59 42
Pathological laboratory (wages and supplies)..	836 92
Postage .....	663 97
Petty current expenses.....	500 00
Provisions and groceries.....	102,145 81
Railroad repairs.....	528 23
Refunds for unexpired time of private patients discharged .....	2,908 67
Repairs to buildings.....	10,059 60
Smith and wheelwright.....	942 84
Pigs (includes cost and wages).....	2,039 50
Sewers .....	1,003 45
Sewage disposal (material and wages).....	927 30
Telegrams .....	146 64
Telephone rental and tolls.....	1,214 76
Tinware (material and labor).....	1,200 50
Tools, supplies and repairs (Engineer's Depart- ment) .....	8,658 29
Undertaker's charges .....	1,675 00
Ward supplies.....	1,299 61
Wages .....	60,477 99
Loan, paid.....	10,500 00

---

**\$399,382 69**


---

**\$981 58**

# Appendix to Warden's Report.

## Dairy, Farm and Garden Products.

327,955 Quarts milk (average number of cows milked, 92; average per cow, 9.65 quarts per day, at 5 cents..	\$16,397 75
1,095 Dozen eggs, at 26 cents.....	284 70
30 Tons of hay, at \$20.00.....	600 00
190 Tons of hay, at \$16.00.....	3,040 00
30 Tons of rye straw, at \$16.00.....	480 00
225 Bushels of rye, at 65 cents.....	146 25
267 Bushels of hand-picked apples, at 50 cents.....	133 50
275 Bushels of wind fall apples, at 30 cents.....	82 50
10,875 Bundles of corn stalks, at 2 cents.....	217 50
2,600 Bushels of mangle wurzel, at 30 cents.....	780 00
685 Tons of manure, at \$2.00.....	1,370 00
	<hr/>
	\$23,532 20

## Stock.

4,253 Pounds of veal (30 calves), at 11 cents.....	467 83
328 Pounds of poultry, at 17 cents.....	55 76
107 Cows slaughtered; dressed, 64,775 pounds, at 8 cents..	5,182 00
Amount received for hogs sold.....	3,960 21
	<hr/>
	\$9,665 80

## Garden.

4,500 Bushels tomatoes, at 50 cents.....	\$2,250 00
5,565 Bushels potatoes, at 55 cents.....	3,060 75
750 Bushels carrots, at 50 cents.....	375 00
300 Bushels parsnips, at 45 cents.....	135 00
750 Bushels beets, at 50 cents.....	375 00
3,000 Bushels mangel wurzel, at 30 cents.....	900 00
500 Bushels white turnips, at 35 cents.....	175 00
50 Bushels rutabaga turnips, at 50 cents.....	25 00
250 Bushels onions, at 75 cents.....	187 50
25 Bushels onion sets, at \$2.50.....	62 50
200 Bushels apples, at 50 cents.....	100 00
450 Bushels spinach, at 40 cents.....	180 00

(III)

750 Bushels kale, at 30 cents.....	225 00
650 Bushels bush beans, at 75 cents.....	487 50
150 Bushels Lima beans, at \$1.00.....	150 00
450 Bushels peas, at \$1.00.....	450 00
150 Bushels cucumbers, at 60 cents .....	90 00
10 Bushels cucumber pickles, at \$1.50.....	15 00
50 Bushels horse radish, at \$1.25.....	62 50
150 Bushels squash, at 40 cents.....	60 00
30,000 Heads celery, at 2½ cents.....	750 00
21,000 Heads cabbage, at 5 cents.....	1,050 00
22,000 Heads lettuce, at 1½ cents.....	330 00
65,000 Bunches green onions, at 2 cents.....	1,300 00
60,000 Bunches radishes, at 2 cents.....	1,200 00
100 Bunches celery for soup, at 5 cents.....	5 00
18,500 Bunches asparagus, at 10 cents.....	1,850 00
22,000 Bunches rhubarb, at 5 cents.....	1,100 00
2,000 Bunches parsley, at 4 cents.....	80 00
1,000 Bunches leeks, at 4 cents.....	40 00
600 Bunches herbs, at 5 cents.....	30 00
275 Baskets grapes, at 50 cents.....	137 50
15 Baskets Kieffer Pears, at 50 cents.....	7 50
18,000 Ears sweet corn, at 1½ cents.....	270 00
12 Baskets Sickle pears, at 50 cents.....	6 00
1,000 Bundles corn stalks, at 3 cents.....	30 00
600 Cheese pumpkins, at 6 cents.....	36 00
150 Egg plants, at 5 cents.....	7 50
1,500 Peppers, at 1 cent.....	15 00
596 Quarts strawberries, at 10 cents.....	59 60
800 Quarts raspberries, at 10 cents.....	80 00
900 Quarts currants, at 10 cents.....	90 00
100 Quarts blackberries, at 10 cents.....	10 00

---

\$17,849 85

## RETURN OF WORK DONE IN MATTRESS ROOM.

Single hair mattresses made, new.....	135
Double hair mattresses made, new.....	5
Single mattresses made over.....	1,304
Double mattresses made over.....	7
Hair pillows made, new.....	216
Hair pillows made over.....	2,337
Feather pillows made.....	71
Single mattress ticks made.....	109
Double mattress ticks made.....	7
Pillow ticks made.....	243
Sofa pillows made.....	31
Pieces of furniture upholstered.....	201
Large hall carpet made.....	1
Alcove carpet made.....	3
Corridor carpet made.....	3
Room carpets made, new.....	13
Room carpets made over.....	3
Carpets taken up.....	143
Carpets laid.....	148
Carpets repaired.....	186
Bed protectors made.....	675
Bed protectors repaired.....	141
Suspenders made, pairs.....	408
Holland shades made.....	273
Holland shades repaired.....	521
Long curtains hung, pairs.....	38
Chairs caned.....	129
Settees caned.....	9
Hassocks made.....	36
Carpet bound and hemmed, yards.....	188
Mattress ticks repaired.....	218
Ticking mitts made for bakery and gas house, pairs.....	107
Pieces of harness made, new.....	48
Pieces of harness repaired.....	195
Horse blankets repaired.....	31
Chair cushions made.....	10
Awnings put up.....	32
Awnings taken down.....	32
Canvas mitts made, pairs.....	129
Golf flags made.....	30
Shoes made for deformed feet, pair.....	1
Boots, shoes and slippers repaired, pairs.....	1,284



REPORT OF WORK DONE IN SEWING ROOM FOR THE YEAR END-  
ING NOVEMBER 1st, 1904.

Sheets, single .....	3,388
Sheets, double .....	76
Pillow cases .....	2,424
Towels, hand .....	5,350
Towels, dish .....	2,135
Towels, roller .....	996
Towels, drug room .....	166
Petticoats .....	1,645
Drawers .....	1,747
Chemise .....	1,267
Corset waists .....	3
Night dresses .....	374
Table cloths, hemmed .....	277
Napkins, hemmed .....	727
Blankets, hemmed .....	350
Portieres, hemmed (pair) .....	1
Curtains made .....	222
Curtain bands .....	246
Burial robes .....	72
Infants' petticoats .....	6
Aprons, waiter .....	36
Burial sheets .....	72
Burial chemise .....	72
Burial petticoats .....	72
Nurses' dresses .....	41
Nurses' aprons .....	41
Nurses' straps, pairs .....	30
Dresses, strong .....	12
Dresses, regulation .....	1,363
Dress skirts altered .....	10
Dress waists altered .....	2
Waists made, good furnished .....	19
Skirts made, goods furnished .....	3
Suits made, goods furnished .....	19
Wrappers made .....	21
Shirt waist suits made .....	298
Sailor suits made (child) .....	6
Bathrobe altered .....	1
Coats altered .....	3
Total .....	23,593

## RETURN OF WORK DONE IN TIN SHOP.

Diet cups .....	277
Diet cup covers .....	108
Small flats .....	112
Biscuit pans .....	65
Rice pans .....	86
Wire wreaths .....	20
Small steamers .....	12
Large scoops .....	12
Bung covers .....	200
Signs for painters .....	65
Sugar boxes .....	24
Tin pails.....	20
Pipe bands .....	48
Cake moulds .....	32
Coat hangers .....	12
Other pieces as needed.....	441
Fruit cans .....	260
Tinware repaired, pieces .....	2,232
Locks repaired .....	979
Keys fitted .....	175
Knives and scissors repaired.....	199
Also repairs to roofs, leaders, gutters, speaking tubes, waiter bells, etc.	

## CUT FLOWERS.

Roses .....	25,000
Carnations .....	5,000
Chrysanthemums .....	1,800
Bunches of violets .....	120
Bunches of sweet peas .....	75
Gladiolus .....	800
Roman hyacinths .....	1,000
Daffodils.....	600
Calla lilies .....	200
Dahlias .....	2,000
Asters .....	2,500
German Iris .....	1,600
Peonies .....	500
Scabiosa .....	800
Strings of smilax .....	1,000
Strings of asparagus .....	75

## POTTED PLANTS.

Cinerarias .....	250
Easter lillies .....	200
Calla lillies .....	75
Caladiums .....	150
Crotons .....	175
Chrysanthemums .....	800
Begonias .....	300
Hyacinths .....	250
Daffodils .....	175
Geraniums .....	2,500
Collus .....	3,000
Single petunias .....	400
Violet plants .....	650
Roses .....	500
Carnations .....	800
Salvias .....	350
Pansy plants .....	900
Forget-me-nots .....	250
Abutilon .....	500

## PAINTER'S REPORT.

Work done from Nov. 1st, 1903, to Oct. 31st, 1904.

Panes of glass put in .....	1,925
Hot bed sash painted and glazed .....	18
Sash for green house painted and glazed .....	12
Covers for hot beds painted .....	24
Trap covers shellaced .....	60
Roofs, annex building and boiler house painted, 40,000 sq. feet .....	2
Man hole covers painted .....	6
Fence painted, feet .....	1,300
Rooms papered and painted, cottages .....	9
Porches, new building, painted .....	7
Rooms and hall, ¼-A North, painted and kalsomined .....	15
Rooms, walls and woodwork painted and kalsomined .....	75
Floors shellaced .....	28
Pieces furniture repolished .....	19
Wagon painted .....	1
Hay riggings painted .....	2
Pieces furniture varnished .....	800
Sash reglazed, new building, pairs .....	150
Clothes bags marked .....	150
Walls and wood work painted in ducts, yards .....	1,424
Lawn Settees painted and varnished .....	100
Bedsteads enameled .....	45
Lanterns for ward use cleaned and filled .....	5,634
Green house roof reglazed.	
Old mangle room painted.	
Inside slaughter house painted.	
New doors, first floor center, varnished.	
Centre duct, machine shop and two corridors kalsomined.	
Statue in fountain gilded and painted.	

## CARPENTER'S REPORT.

Work done from Nov. 1st, 1903, to Nov. 1st, 1904.

Pieces furniture repaired.....	1,040
Man hole covers.....	6
Vault covers.....	4
Trap seats, new.....	60
Trap seats repaired.....	45
Hot bed sash.....	18
Green house ventilators.....	12
Hot bed covers.....	24
Feet fence, new.....	1,100
Feet fence repaired.....	3,080
Feet telephone moulding.....	720
Feet shelving.....	128
Flower stands.....	8
Sash cords.....	662
Doors repaired.....	314
Sash repaired.....	120
Walters repaired.....	84
Walter ropes.....	42
Locks put on.....	88
Chests.....	8
Roofs repaired.....	12
Feet, ice runs, new.....	120
Feet, ice runs, repaired.....	84
Feet walk, new.....	28
Feet walk, repaired.....	56
Feet flooring repaired.....	3,084
Window screens, new.....	12
Window screens repaired.....	8
Window nets, new.....	34
Window nets, repaired.....	72
Net doors, new.....	5
Net doors, repaired.....	8
Nets put in.....	230
Net doors put in.....	19
Nets taken out.....	192
Net doors taken out.....	19
Winter sash put in.....	298
Winter sash taken out.....	298
Looking glass frames.....	6
Picture frames.....	3
Mirrors repaired.....	14
Food cars repaired.....	8

Ironing boards.....	42
Sleeve boards, new.....	6
Sleeve boards, repaired.....	8
Laundry horses repaired.....	18
Laundry boxes repaired.....	20
Bed screens, new.....	4
Bed screens repaired.....	5
Water cooler stands.....	3
Saws filed.....	56
Handles put in.....	162
Handles made.....	148
Curtain frames.....	2
Feet, door glass, moulding put in.....	288
Settees repaired.....	28
Benches.....	10
Barrel covers.....	12
Ladders repaired.....	10
Ladders made.....	6
Boxes and crates, expressing.....	12
Feet, weather strip put on.....	558
Feet troughs repaired.....	280
Snow scrapers.....	12
Dish washer baskets repaired.....	84
Bridges rebuilt.....	3
Spring covers, new.....	1
Spring covers repaired.....	4
Square feet green house beds repaired.....	2,160
Feet green house rafters renewed.....	240
Stall floor racks.....	19
Transoms repaired.....	152
Sweater cabinet.....	1
Chopping boards.....	18
Addition to hennery, 8x12.....	1
Filter cover, 14x26.....	1
Extra repairs on halls.....	1,811
Extra repairs on buildings.....	1,256
Water trough.....	1
Tanks repaired.....	12
Turn stiles repaired.....	3
Barrel bungs.....	425
Gaskets.....	6
Stakes.....	200
Flower sticks.....	500
Feet mould boards, mason.....	264
Mason's hawks.....	3
Freight trucks repaired.....	6
Laundry cars.....	5

# NEW JERSEY STATE HOSPITAL.

119

Feet ice spring boards repaired.....	40
Feet ice runway repaired.....	90
Rods in ice house.....	3
Coal bin.....	1
Tables, new.....	3
Straight edges .....	6
Fracture appliances.....	2
Harness closet.....	1
Clothes closets repaired.....	4
Shade sticks .....	50
Curtain poles.....	50
Frame to make mattresses on.....	1
Telephone wall pieces .....	14
Telephone in closet .....	1

## WHEELWRIGHT.

Bobsled, new .....	1
Bobsled, repaired .....	3
Wagons repaired .....	14
Carts repaired .....	15
Carriages repaired .....	6
Sleighs repaired .....	4
Road rollers repaired .....	2
Stone drags repaired .....	6
Farm machines repaired .....	4
Ends boards .....	48
Wagon poles .....	3
Whiffletrees .....	9
Casting patterns .....	16
Brake blocks .....	65
Hand-carts repaired .....	4



# Requirements for the Admission of Patients to the State Hospital of New Jersey.

---

## PRIVATE PATIENTS.

The admission of a private or pay patient requires one written request for admission, signed by a near relative or the guardian of the patient, which need not be sworn to, the certificates of two physicians who have been in practice for at least five years; their signatures must be sworn to before a notary public or other proper officer of the law; a bond signed by two responsible property owners, one of which (preferably both) must be a resident of and own property in the State of New Jersey. It is not necessary that the bond be sworn to. (See forms appended.)

Thirteen (13) weeks' board and medical attendance must be paid for at the time of the admission of the patient, and quarterly, in advance thereafter.

The above requirements must be met before a patient can be admitted.

The rates range from five dollars (\$5) to fifty dollars (\$50) per week, which includes medical attendance, board, room and washing. No private patients are admitted for less than five dollars (\$5) per week. No patient not a resident of New Jersey will be admitted for less than ten dollars (\$10) per week.

## INDIGENT PATIENTS.

For the admission of indigent patients a request and the certificates of two physicians are required, as in the admission of private patients, differing in that the indigent papers have the word "*indigent*" in them, showing that the person whose admission is requested is believed to be without means of support and unable to pay for maintenance in the Hospital.



## HABITUAL DRUNKARDS.

The General Statutes of New Jersey, Vol. 2, page 1708. and P. L. 1881, page 236, provide for the commitment of habitual drunkards to a State Hospital for the Insane by proceedings before the Court of Chancery.

## GENERAL RULES.

The law of 1898 requires the certificates of two physicians to the insanity of a patient before his or her admission into any State Hospital of New Jersey can be secured, and these certificates to be valid shall bear date of no more than ten days prior to the commitment of the person named therein. If more than ten days elapse between the making of the certificates and the taking of the patient to the Hospital, the certificates become invalid, and new ones must be made out in order to secure the patient's commitment.

Beginning March 2, 1905, the visiting days will be Tuesdays, Thursdays and Saturdays. The visiting hours will be from 10 A. M. to 4 P. M.

Visitors will not be permitted to visit both in the forenoon and afternoon of the same day.

Visiting will be permitted on legal holidays, except Sundays.

The above requirements are regulated by statute and the action of the Board of Managers, and cannot be changed by resident officers.

The forms of requests, certificates, bonds, &c., are appended. The Medical Director will supply blank commitment papers in response to application for them.

The person writing for papers should always mention the sex of the patient to be committed, and whether such patient is in indigent circumstances or able to pay for maintenance.

Communications and inquiries relative to patients should be addressed to the Medical Director, who will give them prompt attention.

When practicable, a visit to the institution and a personal interview with its officers previous to completing arrangements is advised.

**Request for Private Patient's Commitment to State Hospital for the Insane.**

The undersigned, of....., in the county of..... and  
City or Town.  
State of....., being desirous of having....., an  
Full name of patient.  
insane person of the county of....., and State of....., com-  
mitted to and confined as a patient in the New Jersey State Hos-  
pital at Morris Plains, hereby requests the admission therein of  
the said....., for the purpose aforesaid. Said  
Full name of patient.

..... was born at....., on....., resided  
Full name of patient. City or Town. Date of birth.  
at....., and is a.....  
State patient's residence with particularity. Profession, trade or  
..... The undersigned is a.....  
calling of patient. State degree of relation or  
..... of the said.....  
other circumstances of connection between patient Full name of patient.  
and person making request.

Dated . . . . ., 19 . . . .

Name of person making request.....

P. O. Address, .....

Street and number, . . . . .

City, . . . . .

County, . . . . .

State, . . . . .

**Certificate of Insanity of Patient by Physician Resident  
of New Jersey.**

I, . . . . ., of . . . . . in the county of . . . . . and State of New Jersey, do hereby certify that I am a graduate of . . . . . and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of . . . . ., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by . . . . . of . . . . . in said State, and I am of the opinion that the said . . . . . is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said . . . . .

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said . . . . .

1. Patient resides at . . . . ., county of . . . . .; age, . . . . . years; nativity (*if foreign, how long in U. S.*) . . . . .; sex, . . . . .; color, . . . . .; occupation, . . . . .; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, . . . . .; of mother, . . . . .

3. Number of previous attacks, . . . . .; present attack began . . . . ., 19 . . . . . (*If patient has ever been an inmate of an institution for the insane, state when and where.*) . . . . .

4. Was the present attack gradual or rapid in its onset? . . . . .

5. What is the patient's general physical condition? . . . . .

(*If afflicted with any infirmity or disease other than insanity, state it.*) . . . . .

6. Is the patient cleanly or uncleanly in personal habits? . . . . .

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) . . . . .

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*)  
 .....

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*)  
 .....

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate:  
 .....

The following are the facts as to the insanity of the said..... upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*):  
 .....

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*):  
 .....

(3) Other facts perceived by me indicating insanity:  
 .....

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*)  
 .....

.....Physician.

#### AFFIDAVIT.

State of New Jersey, county of..... ss.—..... being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

.....M. D.

Sworn to and subscribed before me this.....day of.....19..

**Certificate of Insanity of Patient by Physician Resident  
of New Jersey.**

I, . . . . ., of . . . . ., in the county of . . . . ., and State of New Jersey, do hereby certify that I am a graduate of . . . . . and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past: that I have made a personal examination of . . . . ., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by . . . . . of . . . . . in said State, and I am of the opinion that the said . . . . . is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I near relative either by blood or marriage, or guardian or trustee of the said . . . . .

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said . . . . .

1. Patient resides at . . . . ., county of . . . . .; age, . . . . . years; nativity (*if foreign, how long in U. S.*) . . . . .; sex, . . . . .; color, . . . . .; occupation, . . . . .; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, . . . . .; of mother, . . . . .

3. Number of previous attacks, . . . . .; present attack began . . . . ., 19 . . . . . (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) . . . . .

4. Was the present attack gradual or rapid in its onset? . . . . .

5. What is the patient's general physical condition? . . . . .

(*If afflicted with any infirmity or disease other than insanity state it.*) . . . . .

6. Is the patient cleanly or uncleanly in personal habits? . . . . .

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) . . . . .

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*) .....

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*) .....

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate: ....

The following are the facts as to the insanity of the said..... upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*): .....

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*): .....

(3) Other facts perceived by me indicating insanity: .....

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*) .....

.....Physician.

#### AFFIDAVIT.

State of New Jersey, county of..... ss.—..... being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

..... M. D.

Sworn to and subscribed before me this....day of....19...

.....

### Request for Indigent Patient's Commitment to State Hospital for the Insane.

*To the Medical Director of The New Jersey State Hospital at  
Morris Plains:*

The undersigned, of....., in the county of..... and  
City or Town.

State of....., being desirous of having....., an

insane person of the county of....., and State of..... com-  
mitted to and confined as an indigent patient in The New Jersey  
State Hospital at Morris Plains, hereby requests the admission  
therein of the said....., for the purpose aforesaid. Said

Full name of patient.

..... was born at....., on....., resides at

Full name of patient:

City or Town.

Date of birth.

....., and is a.....

State patient's residence with particularity,

Profession, trade or calling of patient

The undersigned is a.....

State degree of relation or other circumstances of connection  
between patient and person making request.

of the said.....

Full name of patient.

Dated....., 19....

Name of person making request.....

P. O. Address, .....

Street and number, .....

City, .....

County, .....

State, .....

### Certificate of Insanity of Patient by Physician Resident of New Jersey.

I,....., of....., in the county of....., and State of New  
Jersey, do hereby certify that I am a graduate of..... and a per-  
manent resident of the State of New Jersey, and have been in  
actual practice as a physician for at least five years last past; that  
I have made a personal examination of....., alleged to be  
insane, and whose admission into The New Jersey State Hospital  
at Morris Plains has been requested by....., of....., in said  
State, and I am of the opinion that the said..... is insane,  
and a proper person to be committed to and confined in said Hos-

pital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said.....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said.....

1. Patient resides at....., county of.....; age,..... years; nativity (*if foreign, how long in U. S.*).....; sex,.....; color,.....; occupation,.....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father,.....; of mother,.....

3. Number of previous attacks,.....; present attack began....., 19... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) .....

4. Was the present attack gradual or rapid in its onset? ....

5. What is the patient's general physical condition? .....

(*If afflicted with any infirmity or disease other than insanity, state it.*) .....

6. Is the patient cleanly or uncleanly in personal habits? ....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) .....

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*) .....

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*) .....

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate: ....

The following are the facts as to the insanity of the said..... upon which my opinion is founded:



(1) The patient said (*state what the patient said, if anything, the presence of the physician*): .....

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*): .....

(3) Other facts perceived by me indicating insanity: .....

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*) .....

.....Physician.

#### AFFIDAVIT.

State of New Jersey, county of....., ss.—.....  
being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true, to the best of his knowledge, information and belief.

.....M. D.

Sworn to and subscribed before me this.....day of.....19..

.....

**Certificate of Insanity of Patient by Physician Resident  
of New Jersey.**

I, ..... of ....., in the county of ....., and State of New Jersey, do hereby certify that I am a graduate of ..... and a permanent resident of the State of New Jersey, and have been in actual practice as a physician for at least five years last past; that I have made a personal examination of ....., alleged to be insane, and whose admission into The New Jersey State Hospital at Morris Plains has been requested by ....., of ....., in said State, and I am of the opinion that the said ..... is insane, and a proper person to be committed to and confined in said Hospital; that I am not superintendent, proprietor, or an officer, or a regular professional attendant, or financially interested in said Hospital, nor am I a near relative either by blood or marriage, or guardian or trustee of the said .....

The following is a description and identification of, and the facts I have been able to ascertain concerning hereditary taint, previous attack and serious nervous disorder of the said .....

1. Patient resides at ....., county of .....; age, ..... years; nativity (*if foreign, how long in U. S.*) .....; sex, .....; color, .....; occupation, .....; single, married, widowed, divorced. (*Strike out words not required.*)

2. Birthplace of father, .....; of mother .....

3. Number of previous attacks, .....; present attack began ....., 19.... (*If the patient has ever been an inmate of an institution for the insane, state when and where.*) .....

4. Was the present attack gradual or rapid in its onset? ....

5. What is the patient's general physical condition? .....

(*If afflicted with any infirmity or disease other than insanity, state it.*) .....

6. Is the patient cleanly or uncleanly in personal habits? ....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If either homicide or suicide has been attempted or threatened, it should be so stated.*) .....

8. What is the supposed cause of the insanity? (*State both predisposing and exciting causes, if known.*) .....

9. Has the patient insane relatives? If so, state the degree of consanguinity, and whether paternal or maternal. (*State any hereditary taint of insanity that can be ascertained.*) .....

10. State the patient's habits as to the use of liquor, tobacco, opium or other drug, and whether excessive or moderate: .....

The following are the facts as to the insanity of the said ..... upon which my opinion is founded:

(1) The patient said (*state what the patient said, if anything, in the presence of the physician*): .....

(2) The patient (*state what the patient did, in the presence of the physician, and also describe his or her appearance and manner*): .....

(3) Other facts perceived by me indicating insanity: .....

(4) Facts indicating insanity communicated to me by others: (*State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health.*) .....

..... Physician.

#### AFFIDAVIT.

State of New Jersey, county of..... ss.—..... being duly sworn, according to law, on his oath says, that he is the physician named in and who made and subscribed the foregoing certificate; that he has read the same and knows the contents thereof, and that the facts, matters and things therein set forth are true to the best of his knowledge, information and belief.

..... M. D.  
Sworn to and subscribed before me this.... day of.... 19....

**Maintenance Bond.****MALE.**

Whereas....., of....., an insane person, has been admitted as a patient into the New Jersey State Hospital at Morris Plains, N. J.:

Now, therefore, we, the undersigned, in consideration thereof, jointly and severally bind ourselves to Guido C. Hinchman, Treasurer of said Hospital, to pay to him, and his successors in office, the sum of.....dollars,.....cents per week, for the care and board of said insane person as long as he shall continue in said Hospital, with such extra charges as may be occasioned by his requiring more than ordinary care and attention; and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the Warden of the Hospital; and to remove him from the Hospital whenever the room occupied by him shall be required for a class of patients having preference by law, or whenever he shall be required to be removed by the Managers or Warden; and also to pay all expenses incurred by the Managers or Warden in sending said patient to his friends in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and if he shall be removed, at the request of his friends, before the expiration of six calendar months after reception, then to pay board for twenty-six weeks, unless he shall be sooner cured, and also to pay, not exceeding fifty dollars, for all damages he may do to the furniture or other property of said Hospital, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made quarterly in advance from date of admission, and at the time of removal, with interest on each bill from and after the time it becomes due.

In Witness Whereof, We have hereunto set our names this .....day of..... in the year 19....

(Name).....[L. S.]

(Residence) .....

(P. O. Address).....

(Name).....[L. S.]

(Residence) .....

(P. O. Address).....

Signed and sealed in the presence of.....

**Removal Bond.**

Know all men by these presents, that.....held and firmly bound unto the State of New Jersey in the penal sum of.....dollars, lawful money of the United States, to be paid to the said the State of New Jersey, or its assigns; to which payment well and truly to be made, we do bind ourselves, jointly and severally, one and each of our heirs, executors and administrators firmly by these presents. Sealed with our seals, and dated this.....day of....., in the year of our Lord one thousand nine hundred and.....

Whereas,.....of the county of.....hath heretofore been, and still is, confined in the New Jersey State Hospital at.....; and whereas, said Hospital is now full, and the Medical Director hath certified to the Managers that said.....is manifestly....., and can probably be rendered comfortable at....., and said Managers are willing to discharge said.....and to deliver.....to.....relatives or friends, upon receiving satisfactory security for.....peaceable behavior, safe custody and comfortable maintenance without further public charge;

Now, therefore, the condition of the above bond or obligation is such that if the said....., or their heirs, executors or administrators, do and shall, from and after the date hereof, secure the peaceable behavior and safe custody of said....., and provide for.....a comfortable maintenance, so that.....shall not be a charge on the public; then said bond or obligation to be void, otherwise to continue in full force and virtue.

.....[L. s.]  
 .....[L. s.]

Sealed and delivered in the presence of.....













